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ORIGINAL DEPARTMENT.

COMMUNICATIONS.

PRACTICAL OBSERVATIONS ON TETANUS.

BY J. M. F. GASTON, M. D.

(*Continued from page* 399.)

"The patient, a laborer, aged 41, got a compound dislocation of the thumb, which was treated by Lister's method. Eight days afterwards spasms of the muscles of the jaw and neck set in, for which Dr. Hagedorn stretched the median nerve, but with no good results, as the patient died two days after the first appearance of the tetanic symptoms. At the *post mortem* examination, the sac of the spinal dura mater contained a considerable quantity of serum, and the cord, both gray and white matter, was obviously hyperæmic. After hardening for three months in a solution of the bichromate of potash, which was changed every day or every second day, sections were made and carefully examined with the microscope. Throughout the cord, the vessels were found distended with red-blood-corpuscles; this hyperæmia involved arteries, veins, and capillaries, as was proved by careful isolation. Around the large vessels, especially in the lumbar region, there were found masses of a hyaline-looking substance, which appeared either dull or with short bright transverse striation. This material adhered to the adventitia even when the vessels were isolated. He is inclined to regard this material as fibrin, but is bound to point out that it was present also in the cavity of the central canal. More frequently dark granules of pigment and fatty-looking molecules were present in the adventitia. In the white he found many granules of pigment, etc., and many of the nerve-fibrils had fine granules in their medullary sheaths which gave these latter a dusty appearance. The most marked changes were found in the cells, those of the cervical region having the lesion most pronounced, while on passing down the cord to the lumbar region, the departures from the normal became less and less, although even in the latter region the morbid appearances were still manifest. These alterations were diminution in the size of the cells, increase of pigment, loss of their processes, disappearance of nuclei and nucleoli, the cells becoming of a diffuse yellow color and containing refractile drops, or looking like structureless yellow lumps. The cells of the anterior horns of the lumbar region were quite normal, except perhaps a slight excess of pigmentation; those of the posterior horns were in various stages of degeneration. In the cervical region, not one single normal cell could be seen; they were represented by rose-colored lumps without nuclei, nucleoli, or processes. In addition to the changes in the cells themselves, the gray matter contained many fine granules and coarser angular-colored grains, which quite resembled the pigment-grains of the cells. These were grouped especially round the central canal, which seemed wider in the cervical region. The epithelium of the central canal was normal, but the lumen was in many places narrowed, an appearance he believes not due to his mode of preparation. There were also around the central canal many globular bodies without any contour, which resembled oil-globules."

The inference drawn by Aufrecht from the granular degeneration in the cells differs from

that of Lockhart Clarke, in considering their cell-changes as primary, in fact as a parenchymatous inflammation, and not as secondary to the vascular disturbance; and his observations go to support the view that the lesion consists in an acute central myelitis.

Whether the departures from the normal condition of these tissues are to be regarded as in any way the constituents of the disease or to be viewed simply as its concomitants, must be considered in connection with another solution assigning them to the category of consequential phenomena. In how far the disease belongs to the class of nervous excitation and irritation or to that of an inflammatory nature involving the substance of the nerve fibre as neuritis, has not been elucidated by the various autopsic reports which have appeared from time to time, and more especially as some observers have failed entirely to discern anything abnormal in the tissues of the brain or spinal cord or in the membranes of these parts, which are undoubtedly implicated in the disturbance.

In traumatic tetanus (and perhaps all cases should be included under this head, though the seat of lesion may not be known), the primary or initial element is doubtless a perverted action of the peripheral ganglionic appendage of the nerve fibrils.

There are instances of relief to the spasmodic contraction of the muscles after full development by the application of local measures to the seat of injury; and while many cases progress in all their inensity notwithstanding this kind of treatment, the favorable results from some curative dressings to the lesion, should encourage a reliance upon certain steps at the outset of this disease, that may jugulate the septic process in the part affected.

It is generally recognized that punctured wounds, such as those of nails and thorns in the extremities, involving the tendons, are more prone to induce tetanus than others implicating the muscular structure or the deeper-seated tissues. Yet the unfailing condition to the morbid state is the implication of the terminal development of the nerve fibres; and it matters not in what part of the body the wound is inflicted, if this *sine qua non* is fulfilled, the disturbance may be propagated to the general nervous system.

Some authors have supposed that the disease was more prone to ensue with males than females, and if I am to be influenced by my personal observation, my opinion would corroborate this view, as among the numerous cases of the disease which have been treated or been brought to my attention under the treatment of others, I have met with but one instance of tetanus in the female. This may be in part due to the greater liability of males to receive injuries, or to their greater exposure to the vicissitudes which aggravate the state of such wounds, yet it cannot be taken as a sufficient explanation of so large a proportion of male cases that protective circumstances attend all the classes of females, as among the laboring population they are not exempted from accidents or personal exposure. If the greater frequency in t male among whites could be satisfactorily accounted for by such surroundings, it would not meet the occurrence in like manner of such a preponderance in males among the negroes, where slavery puts the sexes more upon an equality as to the mode of living, as in Brazil. I have treated upon a single plantation in this country four negro men with aggravated cases of tetanus, and two negro men on another place, without having any case of the disease in the person of a negro woman among the slaves at any time upon these or other plantations.

The extraordinary number of cases among the slaves pertaining to these coffee establishments within a few years cannot be attributed to a lack of the precautions requisite for their comfort, as the proprietor looks more to the welfare of his people than most of the fazendeiros in this region, so that it must be put down to the greater prevalence of the disease among this class from unknown causes, and yet of a traumatic origin in all four that came under my care.

I have been informed that at the least one and perhaps another case of tetanus occurring there, besides those above referred to, were treated by another physician, during the period of six years which elapsed between the first and last of the four treated by me, but none of the details have been communicated to me, and they are only given as an additional evidence of a remarkable proclivity to this form of diseases among the slaves of that special locality, owing doubtless to some peculiar circumstances that operated upon the animal economy or vital forces.

Whatever may be the remote causes of tetanus, or rather the predisposing conditions precedent to its development, the disorder involves secondarily the nervous system, and the spasmodic contraction of the muscles is an effect of this, just as it is in the action of the galvanic battery through the nerves. If we have reason to think that complications exist in derangement of the secretions or other functions of the body, it will be a prerequisite for other treatment, to apply some corrective

for this disturbance at the outset; but the prominent indication for relief is the want of tone in the nerve centres. Should a vomit, a purge, or a sudorific be required in entering upon the treatment of a case of tetanus, it can only be regarded as a preparatory step for the cure of the disease by measures addressed to the nervous system; and though a warm bath may serve a good purpose in relaxing the rigidity of the muscles, chloroform is a much more efficient agent in the control of the spasmodic action, until internal remedies may be resorted to for the correction of the source of the disturbance in the nerve centres.

It will perhaps devolve upon the medical attendant in most cases of tetanus to lay open the tissues involved in the original lesion, and to make applications calculated to induce suppuration in the part so soon as possible, this being an essential preparation for the success of constitutional measures of treatment.

Such steps being taken as the local indications may require in the case presented, and the preliminary internal remedies adapted to the correction of urgent complications, the tetanus should then be treated upon general principles, calculated to allay the disturbance of the nervous system, and relax muscular spasm, by the various agents belonging to the class of anti-spasmodics. A preference has been given to one or another article by different practitioners, and a long list of remedies has been tested with variable results; commencing in the distant past with blood-letting and tartar emetic, with the more recent adoption of opium and India hemp, while these have ultimately given way to inhalations of chloroform and the internal use of chloral hydrate and bromide of potash. In the meantime, many other agents have given satisfactory results in the hands of physicians who were not tied down to the schedule of the schools; and among others I had the good fortune many years ago to effect a cure of traumatic tetanus by persistence in the use of the lobelia inflata. This case, originally reported in the *South Carolina Medical Journal*, is referred to by Drs. Wood and Bache in the *U. S. Dispensatory*, under the heading of the article lobelia. Not having at hand a good specimen of this plant for use in a subsequent case, I resorted to enemata of tobacco, with a salutary effect: and yet this powerful agent is not free from danger by its sedative and even prostrating effects upon the vital powers. In these latter years my reliance has been upon chloroform for temporary relaxation of the clonic contractions, and the internal administration of chloral hydrate, bromide of potash, camphor water, and syrup of ether for a lasting sedative action.

In connection with these measures, I have resorted to subcutaneous injections of morphine and friction along the spine, with camphorated spirits of turpentine so often as the aggravation of the cases indicate a demand for them, and generally with a satisfactory result. A purgative dose of castor oil and the essence of turpentine given at the outset and in the course of the treatment, has seemed to work advantageously; and when this has not been retained in the stomach, it has been combined with chicken or beef soup, and thrown up into the colon by a long tube attached to the nozzle of a syringe.

Nourishment has been applied in the same manner when it was not well taken by the mouth, and it is a matter of importance in a protracted case to sustain the forces by enemata of beef tea.

I have found it necessary in several cases to keep up vigorous measures of treatment for ten, fifteen, or even twenty days, giving for days in succession so much as two drachms of chloral hydrate with half an ounce of the bromide of potash in the twenty-four hours. This treatment has been occasionally suspended, with use in the interval of large doses of the sulphate of quinine, combined with sulphate of morphine, and I am convinced that a modification is thus impressed upon the disease, of a salutary nature.

In most of the cases attended with persistent clonic spasm of the muscles along the spinal column, I have resorted to inhalations of chloroform, for temporary relief, and the relaxation of the contraction by this means has appeared to favor the more permanent action of other agencies applied by the mouth or by the rectum or by subcutaneous injections or by external frictions.

Since the report of Brown-Sequard's experiments illustrating the inhibitory effects of the local applications of chloroform, I have resorted to the saturation of long strips of flannel with chloroform over the whole length of the spinal column covered by impermeable cloth to prevent evaporation, and this repeated from time to time, yet without any marked effect upon the contraction of the muscles, and certainly without securing any decided control of the disease.

The deductions from my varied treatment of different grades of tetanus in a considerable number of patients, during many years of observation in the United States, and more especially in Brazil, corroborate the favorable reports which have been presented by practitioners in regard to the administration of bromide of potash and hydrate of

chloral for quieting the nervous excitation and relaxing the muscular contractions. And if I were reduced to the necessity of using but one class of agents, my preference would be for this combination carried to the extreme point of tolerance, so as even to reach their toxical influence over the organization, rather than allow the disease to have its sway in exhausting the forces of the system. When doses of one drachm of the bromide with one-half drachm of the hydrate, are repeated every two or three hours for three or four periods, there will generally ensue a calm in the paroxysms of tetanus; and if the medicines are pushed beyond this point there is prostration of the vital powers with lowering of the pulse, and cold extremities, which are premonitions that proclaim in unmistakable terms, "thus far shalt thou go, and no farther." For the salutary effect of these remedies in three obstinate cases it has been requisite in my observation to reach this point, and I think their escape from a fatal result by the disease was due to the modified poisoning by the medicines.

These depressing effects of large doses of the bromide of potash and hydrate of chloral gradually disappear when the medicine is suspended, and there have not, in my experience, been any unpleasant consequences; but from the toxic indications of a sedative nature lowering the tone of vital energy, which have been witnessed, I am impressed with the importance of arresting their administration when this influence upon the nervous system is manifested, as otherwise the depression of vital force might reach a point which would preclude the reaction of the nerve centres, upon which all this class of remedies operate. The risk of fatal prostration from this medication is not so great as that from enemata of infusion of tobacco, since the influence of the latter in different individuals is variable, and the extent of its operations cannot be anticipated in a given case.

Among the first cases of tetanus treated by me with this remedy, while residing at the city of Faxina, in the eastern part of the province of S. Paul, Brazil, was a robust negro man who had suffered from an injury of the foot and presented decided febrile excitement. A purgative of calomel followed by the continued use of small doses of tartar emetic, with the whole body kept for some hours in a warm bath, which admitted of being extended at full length, gave only partial relief to the tetanic rigidity of the muscles, and in the lack of the lobelia inflata, there, I determined to resort to clysters of one drachm of tobacco to the quart of water, given in portions of one-fourth every two hours. The effect was signally manifested in great relaxation of the muscular contractions and in general prostration, so as to deter me from further applications of this powerful sedative to the nervous system. There was no return of the clonic indications, and the victory over the disease was gained, so that with such antispasmodics as assafœtida, camphor, ether, etc., the cure was completed, after having slighter spasmodic indications for the course of a week.

In resorting subsequently to the enemata of tobacco, I have been so apprehensive of the grave consequences that are liable to ensue, that the quantity has been so reduced as not to afford any decided result, and my chief reliance in these latter years has been upon the chloroform inhalations with internal use of bromide of potash and chloral hydrate.

I have no experience in the local application of chloral hydrate to the orignal seat of injury, nor of its use hypodermically in the treatment of tetanus, but the reports given by others satisfy me of their efficacy, and it is highly probable that the early local use of chloral hydrate may succeed in warding off the access of this terrible malady, and thus avert the irritation or inflammation that involves the nerve centres and exhausts the vital forces.

OBSTRUCTION OF THE BOWELS—LIFE PROLONGED FORTY-THREE DAYS BY NUTRITIVE ENEMAS—DEATH —AUTOPSY.

BY ISAAC N. SNIVELY, M. D.,
Of Waynesboro, Pa.

[Read before the Franklin County Medical Society.]

MR. PRESIDENT AND GENTLEMEN: Last November I had a unique case of obstruction of the bowels, which I promised to report to this Society, believing that it will be of interest to you. I will proceed to give a detailed history of the case, with its unfortunate result, and autopsy, verifying our diagnosis.

Nov. 5, 1881, I was called to see Miss B., an estimable maiden lady, aged 50 years, who was suffering from great pain in her stomach and upper bowels since the previous day. She informed me she first felt an unnatural sensation in this region on the 16th of October. Since then she had several attacks of cholera morbus, and pyrosis came on regularly every morning at 4 o'clock. On Friday evening, the 4th of November, she ate fried oysters and a few dates. This morning she had what she considered a free movement of the bowels, but pain continued all day in her epigas-

tric region. I ordered sinapisms over the painful parts, which was followed by warm fomentations, which were continued all day. Anodynes and anti-spasmodics were also prescribed.

Nov. 6. There was a good deal of vomiting.

Nov. 7. Periodical pains in her bowels, and general flashes of heat, and occasional nausea and vomiting. I gave morphia hypodermically, which procured immediate comfort. Gave castor oil freely, and through a rectal tube threw large quantities of fluid as high in the bowels as was possible, without any good results; hypodermic injection of morphia at night.

Nov. 8. Sick at her stomach periodically; heartburn, and stercoraceous vomiting; gave crushed ice and beef-tea; continued large enemas; forced all the fluid into the bowels that I could.

Nov. 9. More pain and tenderness; continued hypodermic injections of morphia at night; pulse has continued from 80 to 88 per minute.

Nov. 10. Vomiting less frequent; nutritive enemas and small quantities of diluted spt. frumenti per mouth.

Nov. 11. Vomiting ceased at 4 a. m., and she is more comfortable.

Nov. 12. Comfortable; pulse 80; temperature a little below normal.

Nov. 13. She continued comfortable.

Nov. 14. Pulse 100; great distension of the abdomen; sinapisms and warm fomentations continued; borborygmus very great.

Nov. 15. Drew off large quantity of urine at 5 a. m.; retention for the first time; pulse 80.

Nov. 16. Pulse 80. Hypodermic injection of morphia twice to-day. Drew off urine twice.

Nov. 17. The nutritive and stimulating enemas are continued, and are well retained.

Nov. 18. Patient comparatively comfortable.

Nov. 24. There has been no perceptible change since the 18th inst. She threw off a little bilious matter daily, mixed with mucus. She passed a small quantity of fluid matter from her bowel, very similar to that she vomited.

Nov. 25. Pulse 88. Temperature 97°.

Nov. 30. She continues the same, and has good nights under the use of hypodermic injections of morphia. No action of the bowels since she was taken ill, except what was below the obstruction, which I locate in the small intestines.

Dec. 1. Comfortable, and treatment the same. Beef tea enemas and spt. frumenti continued every two hours. Catheterism and hypodermic injections of morphia twice a day.

Dec. 2. She continues the same. Pulse 100 per minute.

Dec. 3. She continues the same.

Dec. 4. The same. Urine voided in twenty-four hours, thirty ounces. The first few days I used the catheter, she passed from forty-five to fifty ounces in the twenty-four hours. To-day she is cheerful, and receives a few friends into her room. She vomits small quantities of bile and mucus once, twice, and thrice daily.

Dec. 5. She continues the same. I consulted the distinguished Prof. Alan P. Smith, of Baltimore, who thinks it a rare and remarkable case, and suggests the persistent use of large enemas of water through the rectal tube.

Dec. 6. Dr. Vanbibber, of Baltimore, recommends the use of the galvanic battery. To-day she used the usual quantity of nutritive enemas. Vomited a little bilious matter this morning, as is usual each day. She received several friends, and seemed cheerful. Pulse 100.

Urine drawn in 24 hours, 25 ounces. Specific gravity, 1020. Temperature, 99°.

Dec. 8. She continues the same, with the exception of cough, which came on several days ago and now results in a little hoarseness. This somewhat alarms her. She fears pneumonia. She has had a chronic cough for thirty years, and has been expectorating a yellowish, tenacious matter ever since, and many of her friends had been under the impression she was suffering from chronic phthisis.

Dec. 9. Pulse 100. Temperature 99¾°. Respirations have been nearly normal until now; she breathes 28 times per minute. Urine drawn in 24 hours, 25 ounces. She received a pint of beef tea and a small quantity of spt. frumenti per rectum. Have used electricity freely over her bowels, producing violent contortions of the bowels and borborygmus, but all to no purpose.

Dec. 10. Last night was spent very uncomfortably by my patient. A violent cough continued through the night, which was followed at 6 a. m. by vomiting and the breaking of an abscess in her lungs, which was gradually emptied without much effort. The quantity of pus was about two ounces. No bleeding followed. Hoarseness somewhat relieved. She had bilious pleurisy over thirty years ago; previous to this attack of pleurisy she was healthy, but she never enjoyed perfect health since. She had a slight hemorrhage whilst recovering from this pleurisy. Since then her respirations have not been full and deep as before, and occasionally there was slight bleeding from the lungs. Slight attacks of pleurisy also occurred from time to time. In 1870, I attended her for several weeks for pleuro-pneumonia, from

which she recovered and enjoyed her usual health until two years ago, when she had an aggravated attack of coughing, which was followed with about a half a pint of hemorrhage from her lungs. Last September she had some stain of blood in her expectoration.

Dec. 11, 9 a. m. Respiration, 25; temperature, 97; pulse, 100. Bed-sores have developed; urine drawn—fourteen ounces in the morning and ten ounces in the evening. The usual quantity of nourishment by enemas was administered; but she is weaker at 10 p. m. Hypodermic injections of morphia are continued twice daily.

Dec. 12. Rectal tube used, and large quantities of fluid thrown into the bowel. Pulse, 110; temperature, 98½; respiration, 25. Urine drawn to-day, twenty-five ounces. Petechial eruption on hands, ears, and abdomen. She bore the large enema well.

Dec. 13. Respiration, 24; temperature, 98; pulse, 110. Urine drawn in morning, fourteen ounces. Some swelling of the hands and feet; some purulent expectoration, perhaps one ounce. Evening, respiration, 24; temperature, 99; pulse, 112. Urine drawn, eight ounces. Hypodermic injection of morphia.

Dec. 14. Respiration, 24; temperature, 98½; pulse, 100. 9 a. m. Urine drawn, ten ounces. Expectoration, purulent. 9 p. m. Bed-sore on back, painful.

Dec. 15. Respiration, 24; temperature, 98; pulse, 112. Urine drawn, twenty-four ounces. Purulent expectoration continues. Bed-sores improving and less painful. We have been using chlor. potass. and tinc. ferri chloridi solution by enemata; also quinia sulphas. and beef-tea and spt. frumenti.

Dec. 16, 9 a. m. Pulse, 108; temperature, 98; respiration, 24. Used the battery. Drew off the urine and used morphia hypodermically. 8 a. m. Patient much prostrated; gave aromat. spt. ammonia and alcohol hypodermically. 10 p. m. Reaction; pulse, 120; temperature, 99¾; respiration, 28. Hypodermic injections of morphia and alcohol. Used catheter.

Dec. 17, 8 a. m. pulse, 120; temperature, 99; respiration, 24; very weak, but extremities continue warm, and she is comparatively comfortable, some fluid passing involuntarily from the bowels, showing the end is near; great prostration; urine drawn and morphia used hypodermically. 12 m. She is growing weaker; continued use of alcohol hypodermically. Pulse, 120; respiration, 28; temperature, 99. 4.30 p. m. Pulse, fluctuating; temperature good, but clammy perspiration developing. She is sinking; death will soon relieve her suffering. 5 p. m. She breathed her last peacefully on the forty-third day of her obstruction of the bowels.

Dec. 17, 1882, at 9 p. m., four hours after death, I made an autopsy in presence of Drs. Benj. and Joseph Frantz. Great emaciation—almost total absence of fat. Small petechial or ecchymosed spots nearly all over the surface of her body. Mesentery and omentum very much atrophied. We find the obstruction in the ileum, eighteen inches above the ileo-cæcal valve, a mass of hard substance of gritty material, reminding me of clay and sand mixed and let harden—wedge-shaped and of the size of a hen's egg. This matter is very hard, almost like stone. Gangrene and ulceration of this portion of the bowel has commenced, but no perforation as yet has taken place. We took a fine saw and opened it and found as the nucleus of this mass of hard material some date seeds.

In the chest we found extensive pleuritic adhesions of the upper and outer portion of the right lung, also more or less in the posterior portion of this lung.

A small cavity was found in the upper portion of the left lung, which was very superficial. This is where the purulent matter came from. Some hepatization was found in the lower part of the left lung, resulting from the pleuro-pneumonia of 1870. Chronic inflammatory trouble of the bronchial mucus surface, and extending some little into the upper lung substance of the left lung, around the small abscess and cavity. Liver small and pale, but in good condition, except the gall bladder, which was found completely packed with small biliary calculi. One of considerable size was lodged in the beginning of the duct, which prevented the others from passing out. Heart small and normal. Kidneys small but normal. Bladder normal. Pancreas and spleen small and normal.

DOES THE MATERIA MEDICA AFFORD AN UNOBJECTIONABLE LAXATIVE REMEDY?

BY F. C. HERR, M. D.,
S. W. Hospital, Philadelphia, Pa.

Our apothecaries are filled with useless and worthless drugs. The late Professor of Chemistry in the Jefferson Medical College, B. Howard Rand, endeavored to impress upon his pupils the utter futility of prescribing remedies which time and experience have shown to be without virtue, or have shown to be more potent for evil than good.

The indispensable materia medica, he said, embraced about twenty-five articles. As students, many of us felt that his words were words of wisdom; as practitioners, many of us realize that his instruction might profitably be put into practice. And his parting injunction to his class, "Trust in God, and keep your bowels open," has to me frequently had a deep significance. I am confident that if men and women realized how much happiness they miss in failing to comply with such an injunction, they would make haste to obey it, not by the employment of *energetic* drugs, but by every other means conducive to the end. I have always felt that the profession urgently needed a remedy or remedies which would be certain correctives of constipation—habitual or acute. The remedies in vogue for the treatment of this condition are legion, and it is no Utopian idea that more injury has been wrought by their routine employment than by any other class of agents in the materia medica. The exercise of a due regard for the welfare of those who suffer the ills of constipation would save many individuals much injury. A proper care, also, for one's professional reputation would lead often to a different line of practice; for is it not true that physicians to-day, as nearly as they can, imitate the practice of generations ago? Some even affect a blind faith in the inexcusable blunders of those who have taught that all diseases originating in the liver must be treated with calomel. Every physician knows that colocynth or gamboge or aloes or podophyllin, etc., etc., will produce free intestinal evacuation, but it is too often forgotten in practice that all of these agents are capable of vast mischief; and I am very confident that in the treatment of habitual constipation with these and similar agents of the materia medica, the last state of the patient is often worse than the first. And here arises the necessity for the employment of anti-constipation remedies, which shall be minus any deleterious action. It is not sufficient that the bowels should be moved with medicine; it is equally important that such action should be followed by no enervating reaction. How many physicians have afforded the relief sought by that large class of people in every community who suffer from the evils of habitual constipation? I could count them on my fingers' ends.

When I was a student at the Jefferson Medical College, Prof. S. D. Gross taught that we should use our influence to have our patrons educate the bowels. "Educate the bowels, gentlemen, educate the bowels," was the injunction of the venerable professor.

It is true that the bowels can be educated, but the care and diligence required to do so, few persons are willing to exercise. Hence, the necessity for the use of so much medicine to maintain this important function in some sort of action. Let us see whether pharmacy has not met the demand of the medical profession for a certain, palatable, painless cathartic remedy. We think it has. In that elegant preparation made by Parke, Davis & Co., known as "cascara cordial," the most fastidious doctor or patient can find just what they want. It pleases the taste, produces gentle and salutary action of the bowels, is free from the property of griping, and is devoid of any injurious secondary action. In that type of cases where muscular atony is *the* factor in the production of constipation, relief is speedily effected with cascara cordial, and its continued use will produce permanent cure.

(*To be continued.*)

Hospital Reports.

A CLINICAL LECTURE DELIVERED AT THE HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA, FEBRUARY 17TH, 1883.

BY WILLIAM PEPPER, M. D., LL. D.,

Provost of and Professor of Clinical Medicine in the University of Pennsylvania.

Reported by WILLIAM H. MORRISON, M. D.

Enlargement of the Bronchial Glands. Emphysema of the Lungs, with Valvular Disease of the Heart.

GENTLEMEN: This boy has been brought to us by his mother in order to obtain an opinion in regard to a pain which he has had for the past five or six months. He is sixteen years old. He is pale. The tongue is large, pale, and coated with a light fur. His appetite is good. He occasionally has a pain in the stomach, but there is no belching of wind or eructation of food. He had ever since he can remember a hacking cough, accompanied with the expectoration of a little phlegm.

The pain of which he complains began last fall. It is felt in the back between the scapulæ. It is only felt when he lies on his back. If while he is suffering from this pain, he turns on his side, it soon disappears but again returns if he resumes the dorsal position. On one or two occasions he has had a catch in his breathing, but this has been felt in front.

This pain in the vertebral gutters between the scapulæ is certainly peculiar in its relationship to the dorsal decubitus and in its disappearance on changing the position of the body. The first thing which we would think of would be some cause of mechanical pressure. This is the kind of pain that is frequently met with in aneurism, and in other forms of tumors within the chest. A

hasty examination of the heart shows that its action is perfectly regular, and that the sounds are normal. The impulse is in its natural position, or possibly it is a little further to the left than it should be. There is no prominence of the sternum and no dullness on percussion over that bone. The voice is perfectly clear, and there is no evidence of pressure on the trachea.

If we find no mechanical cause for this pain, it will be difficult to explain why it should have the peculiar features which he has so clearly described. No ordinary rheumatic or neuralgic pain would present these characters.

We may at once say that the first thing to do is to exclude the possibility of there being any source of mechanical pressure within the thorax. We have seen that the heart's action is regular and free from murmur, and that the apex beat is perhaps a little too far to the left. This, however, does not indicate any marked degree of enlargement. The præcordia is a little prominent Contrasting the costo-sternal junctions of the third, fourth, and fifth ribs on the left side with those on the right, it will be seen that there is a slight prominence on the former side, and that this extends into a sort of fullness beneath the left clavicle, as contrasted with the right, which looks somewhat depressed. This boy being right-handed, we should expect to find the right side, if anything, more prominent than the left.

Examining the chest by inspection as he breathes freely, I can detect no difference in the mobility of the two sides. As far as he knows, he never had an attack of pleurisy. Percussion gives us resonance all over the front of both lungs. On auscultation, I hear a few bronchial rales at the left apex, but no evidence of organic trouble. On the right side there is no evidence of any disease.

Let us now turn to the back. There is neither to inspection nor to palpation, any difference between the two sides. On the left side, there is, on percussion, good resonance all over. On the right side, when I come to the spot which corresponds to the bifurcation of the bronchi and the root of the lung, there is a little impairment of the resonance. There is a want of volume to the resonance on the right side. Over the lower lobe of the right side the resonance is normal. There are no rales on this side, but at the left apex posteriorly there are a few bronchial rales. There is no bronchial breathing on either side.

A point of even greater importance is to decide whether the respiratory murmur is equally strong on the two sides. When the boy breathes regularly and with equal force for several successive respirations, I find a marked difference in the respiratory murmur of the two sides. On the left side it is much stronger than on the right, posteriorly. In front, there is no difference.

I have called attention to the fact that there is no prominence of the sternum in front. I shall now examine the heart a little more critically. Its sounds are perfectly normal. Is the heart hypertrophied sufficiently to cause the prominence of the præcordia which we have observed? The apex beat is one-half inch inside of the nipple, in the fifth interspace; almost in its normal position. Percussion shows that the superficial dullness of the heart is scarcely, if any, increased. The deep area of the heart seems to be slightly increased in extent. This apparent increase in the size of the heart is not sufficient to explain the prominence of the præcordia.

My opinion is that most of this disparity is due to contraction of the right side. The left side represents the natural contour of the chest, but from some cause the right side has become contracted. This is probably the result of some old pleurisy, with adhesions, which have prevented the full expansion of the lung. There is not sufficient plastic deposit to cause dullness on percussion. There is no effusion.

Would this explain the pain? Long-standing pain may remain after pleurisy. The adhesions may involve delicate nerve twigs, and by pressure, or by exciting perineuritis, cause pain which may last for a long time. Such pains radiate in the course of the affected nerves, or are fixed at the seat of the trouble. They do not present the peculiarities of the pain, which we have here; and this boy is too intelligent and too old to have overlooked a pleurisy which might have caused this pain, which began only five or six months ago. The pain cannot be explained as the result of pleurisy. The slight impairment of expansion on the right side might be explained in this way.

As to the existence of any cause of pressure, of course an aneurism of considerable size would be unheard of in a boy of fifteen. Nor is there any evidence of aneurism. There is no prominence, no pulsation and no localized dullness. Another cause of pressure is a tumor in the posterior mediastinum. Such a tumor may be due either to new growths or enlargement of the bronchial glands. Neoplasms in this situation, as sarcomas and the like, are nearly always attended by very grave symptoms of pressure. Such tumors forming in the loose cellular tissue may press on the nerves, but more frequently, they present themselves anteriorly, so that in such cases, slight dullness is usually found over the sternum. They also give rise to serious symptoms of pressure, which are wanting in this case. The boy is also too young to have such a condition.

Enlargement of the bronchial glands in the posterior mediastinum is quite common, and it may be excited in children disposed to scrofulous trouble by any slight pulmonary inflammation. These enlarged glands may present themselves anteriorly, but more commonly, they form masses about the roots of the lung posteriorly. They rarely give rise to serious symptoms of pressure on the trachea, œsophagus, phrenic or pneumogastric nerves. The parts most frequently pressed upon are the primary bronchial tubes, and the spot at which they usually come in contact with the chest-wall so as to produce dullness on percussion, is about the root of the lung; so that impaired resonance at the root of one or both lungs, with evidence of pressure upon the bronchial tubes and interference with the entrance of air, without evidence of aneurismal or other real tumor, may be taken as indicating enlargement of the bronchial glands. This is especially true, if it be found in young children and in those with a scrofulous diathesis. I am inclined to refer the symptoms in this boy to that cause. I think that we have here hyperplasia of the bronchial glands,

chiefly on the left side, associated with subacute bronchitis, in a child who has formerly suffered from a slight attack of plastic pleurisy. This would explain the peculiar character of the pain.

In making the diagnosis, we must, of course, consider whether or not this pain is only by a mistake referred by him to the back, while in reality it is a gastralgic pain coming on when the stomach is empty. Neuralgic pain in the stomach is very often referred to the back. The boy does not have this pain before dinner, but only at night, and it is relieved by change of position. It is clearly not associated with any marked evidences of gastric irritation or disturbance, and it is associated with physical signs which would seem to indicate some more tangible cause for it. it is to be observed that the mother gives the history of a sister of this boy, who, after suffering from some chronic pulmonary trouble, died from what was said to be typhoid fever. This would certainly not be opposed to the diagnosis which has been suggested, and might, perhaps, be taken as favoring it. The father and mother are living and healthy. They have two other children who are living and well.

This boy should be treated by counter-irritation along the spine. I should prefer for this purpose the use of repeated blisters. Internally, I shall give small doses of the bichloride of mercury, with iron and chloride of ammonia, in combination with glycerine, as follows:

℞.	Hydrarg. chloridi corrosivi,	gr. $\frac{1}{100}$
	Ammonii chloridi,	gr. v.
	Tincturæ ferri chloridi,	gtt. vi.
	Glycerinæ,	ʒ ss.

Sig.—To be repeated three times a day.

Emphysema of the Lungs with Valvular Disease of the Heart.

The next patient who presents himself for examination is one sent from the Dispensary by Dr. Musser. He has stridulous respiration, husky voice, and a hard, barking cough. He is forty-seven years old. First came under observation, October 19, 1881, complaining of shortness of breath on exertion or excitement. The dyspnœa was particularly marked at night. With this, there was a dry, ringing, hoarse cough, with which he raised only a little mucus. He came to the Dispensary off and on during the winter of 1881–82, and took iodide of potassium with apparent relief. He again returned on fifth day of this month, with his symptoms much aggravated. He stated that the breathing is now more difficult—that the dyspnœa occurs even on rising in the morning — and that it is very great on exertion or excitement. He has also noticed a shrill stridulous sound with the breathing. There is a hard cough with slight mucus expectoration. There has been no fever; he has not lost much flesh, and he can sleep well. As you observe, his voice is pretty clear.

An examination of the larynx made by Dr. Musser shows no inflammatory changes and no paralysis of the vocal cords.

The chest, as you can see when he removes his clothing, presents a globular form, and looks as though there were some emphysema of the lungs. I ask him to cough. You hear an almost croupy cough. It is distinctly laryngeal or laryngo-tracheal in its character, as distinguished from a bronchial cough. It has a hard, ringing sound. On deep breathing, there is a stridulous sound. This is very marked when he has spells of dyspnœa. He has no difficulty in swallowing, and never strangles on swallowing liquids. He has occasionally a little pain on the left side, posteriorly. On exertion or excitement there is some acceleration of the heart's action.

Here we are forced to decide as is usual in these cases, between emphysema with chronic bronchitis and some secondary affection of the heart on the one hand, and some deep-seated cause of pressure within the chest, obstructing respiration and irritating the bronchial tubes, and this giving rise to very much the same train of symptoms, on the other hand. The history of this case would seem to indicate that it was one of chronic bronchitis with advancing emphysema, with secondary disturbance of the heart, rather than one of primary intra-thoracic pressure; but it of course would not be right to form an opinion from the history alone.

The evidences of pressure are not marked. There is no distension of the veins of the face, or of the neck, no clubbing of the fingers, no distention of the veins of the thoracic walls, no difficulty in swallowing, no affection of the intrinsic muscles of the larynx, and there is no difference between the two pupils; they are equal in size, and equally movable.

Let us now turn to the physical examination. I shall at first call attention to the heart. The impulse is a little outside of its normal position; it is one-half inch to the left, but on the proper level; the cardiac sounds are heavy, but without murmur; the second pulmonary, that is to say, the second sound as heard at the second interspace on the left side, is strongly accentuated, showing that the pulmonary artery contracts with great force, thus closing the pulmonary valve with emphasis. At the aortic interspace, a high-pitched, whistling bruit is heard in the diastolic time. This gains in intensity as I pass over the manubrium of the sternum, and reaches its point of greatest intensity at mid-sternum, where it is very shrill. This bruit is not audible posteriorly, nor is it heard along the thoracic aorta.

Is this bruit associated merely with disease of the aortic valves, or is it associated with dilatation of the arch of the aorta? and if so, is it a general dilatation of the vessel, or is it a saccular aneurism? Is there dullness, prominence, thrill or strong pulsation, in any part of the chest? None of these are present. This man has had a comminuted fracture of the right clavicle, which has caused thickening and induration of the tissues beneath the clavicle. There is therefore some dullness in this situation, but it is no more than can be easily explained by this condition. This is not the situation in which we should look for dullness on percussion in aneurism. We should expect to find it about the manubrium. There is no dullness of sufficient extent to justify one in saying that there is a sub-sternal tumor.

Our diagnosis must be valvular disease, roughening of the aortic valves, and atheroma of the lining of the arch of the aorta; and it is not at all unlikely that there is a considerable amount of uniform dilatation of the vessel, but the symptoms are not sufficient to justify the suspicion of

aneurism. The radial arteries are quite hard; there is only a slight trace of arcus senilis.

The man has emphysema following some old bronchial trouble. The dyspnœa on exertion is largely connected with the emphysematous state of the lung. The dilatation of the aorta may be such, that excitement of the heart's action increases the dilatation to such an extent as to cause slight pressure on the trachea increasing the dyspnœa.

These cases are frequently met with, and it requires a careful weighing of the evidence on both sides to decide how far the symptoms are explicable on the supposition of emphysema, and how far we have to assume the existence of pressure on the bronchi. The diagnosis cannot always be made out as easily as in the present instance.

The treatment of this patient is that suitable for emphysema: care to avoid cold, a quiet life, avoidance of exposure to bad weather as far as possible, light work, and the like. Internally I should recommend strychnia in full doses, with iodide of potassium in ascending doses, according to the tolerance.

Under this plan of treatment, I should hope to see improvement.

Medical Societies.

PHILADELPHIA COUNTY MEDICAL SOCIETY.

(*Continued from page* 405.)

A Case of Amputation of the Breast, With Remarks.

Read September 12, 1883, by Henry Leaman, M. D.

Mrs. J. J. W., æt. 48, married twenty-nine years, is the mother of eight children still living, and has been the recipient of ten severe miscarriages. She presented herself at my office on the first of September, 1882, complaining of a tumor in her breast, which she had noticed for the first time three months previous. At that time a small pimple upon the surface of the skin served to call her attention to the swelling that lay beneath in the substance of her breast. Examination showed a tender enlargement, the size of an English walnut, situated deeply in the inner, lower quarter of the left breast. She stated that during the past week she had experienced for the first time frequent, sharp, retracting pains shooting through the nipple. Menstruation had ceased with her six years previous, without giving rise to any trouble. She now had no *cachexia*, and was apparently in her usual health.

On the eighteenth of the same month she called again; the growth had not perceptibly increased, but she spoke of having pain in her breast bone. Amputation of the breast was recommended. The effect of this advice was to send her upon a blind pilgrimage through the desert of therapeutics. Now electricity, now pow-wowing, now homœopathy—each in its turn was tried with results equally gratifying to the patient.

The *ignis fatuus* which I had lighted brought her again to me on the twenty-third of April, 1883. The tumor then was of an oval shape, and about four inches in length. From its inner anterior surface were extending two cornua, slightly ulcerated, about three-fourths of an inch in length. The skin over the tumor was deeply congested, red and inflamed, as was also the skin for several inches around. The tumor in front rested upon the cartilages of the rib, but was movable. The glands in the axilla were slightly involved. With the assistance of Drs. Hatfield, Brubaker, Welch, and R. Leaman, the breast was removed under the spray, on April 26, 1883, and Lister's dressing applied.

One nodule of hardness was removed from the axilla. At the sternal end the cut surfaces could not be approximated within two inches, owing to the necessary ablation of tissue.

April 27.—Patient doing well. Temp. 99½°, pulse 112 at 10 a. m.

April 28.—Temp. 99°, pulse 104 at 10 a. m.

The breast was dressed under the spray at 10 p. m. Temp. 99°, pulse 104.

April 29.—Temp. 98½°, pulse 96 at 10 a. m.

April 30.—Temp. 99½°, pulse 96 at 10 a. m.

May 1.—Temp. 98½°, pulse 92.

May 2.—Temp. 97°, pulse 84; dressed the wound the second time under the spray; the drainage tube was removed, as were also some of the sutures.

May 3.—Temp. 97°, pulse 80 at 4 p. m.

May 4.—Temp. 97, pulse 100. Dressed again under spray.

May 6.—Dressed under spray; removed the sutures and two ligatures. Temp. 98°, pulse 104.

May 7.—Temp. 98°, pulse 104. Patient sitting up.

May 8.—The posterior three-fourths of the incision entirely healed and healthy. The anterior one-fourth was perfectly healthy and granulating rapidly. All sutures and the remaining ligatures were removed.

On and after May 10 the wound was dressed with iodoform, cosmoline, and salicylated cotton, under which treatment the wound rapidly healed. Dr. Brubaker made a histological study of the growth, and pronounced it carcinoma.

As soon as the cicatrix was complete, neuralgic pains began to be felt in the left arm, right leg and body. At first the cicatrix remained perfectly healthy in appearance. Subsequently, however, a nodule appeared in the lower part of the neck behind the left sterno-clavicular articulation. Next, the left axilla, the posterior and healthy part of the cicatrix, both began to show hardening. At present there is a chain of nodules along the whole cicatrix—one large and painful is felt over the cartilage of the third rib on the left side. The left axilla is but one hard pyramid. The left hand and arm are swollen. A pain of a lancinating, burning character is referred to the left scapula, arm and axilla, occasionally shooting in the course of the incision.

The apparent freedom from involvement of the axillary glands at the time of the operation, and the rapid development of the disease after the healing of the cicatrix, would seem to point to the idea that the original tumor was but a local enidus for a constitutional trouble, and that this having been destroyed, a general efflorescence of the disease ensued. A kindred idea is found in the popular belief that a manifestation of phthisis may follow the operation for the cure of anal fis-

tule. The observations on the change of life in women would seem also to bear upon the same point.

Dr. Brubaker's Analysis of the Tumor.—"Upon section the tumor is firm and hard, and presents a white, glistening surface, from which can be scraped a small quantity of fluid matter. Under the microscope the connective tissue stroma is seen to be abundantly developed; in its meshes are developed epithelial cells, some of which have undergone degeneration. In some situations the cells are arranged in a linear manner, whilst in others they form groups or nests."

DISCUSSION ON AMPUTATION OF BREAST.

Dr. Baldwin: I remember that the late Dr. Atlee spoke of the effects of arsenic in carcinoma and gave a number of cases in which he used it with the apparent effect of preventing the return of the tumor. I employed it in a case on which operation was performed in 1875, the patient being put on the use of Fowler's solution, continued until 1876, when the growth redeveloped and a second operation was done in 1878; no return has occurred to this time. The use of arsenic was discontinued after the second operation. During the formation of the second growth some trouble occurred in the lung, and cancer of that organ was feared, but it disappeared after operation.

Dr. Forbes: Dr. Leaman speaks of a period of efflorescence after operation, by which I understand a general development in different organs; this, as he remarks, does not always occur after first operation. In 1864 I removed a cancer from the breast of a lady. In 1867 a hardened growth appeared in the cicatrix. It was not removed at once, as it was then giving no pain. In a short time, pain having developed, it was removed. It returned a number of times and was each time removed until it developed an attachment to the interosseous cartilage and the muscles, and then I declined to remove it, although the patient very much urged me to do so. It continued to increase, and in eighteen months it involved the integument on the clavicle and sternum. Its condition was much aggravated by various caustic applications. Finally some irregular parties attempted to remove parts of the diseased mass, and this was followed by an efflorescence, and a number of organs in the thorax and abdomen became involved. The patient died eighteen months after the last attempted operation.

I have heard Dr. Geo. W. Norris speak of this condition of efflorescence and its likelihood to occur in patients upon whom the cauterizing and escharotic treatment had been practiced. After such treatment he advised non-interference with the knife.

Dr. J. M. Barton: I have been interested in examining the advertisements and circulars of the empirics who claim to cure cancer without operating, and I find them reporting cures of cases of over forty years' duration. Now, as scirrhus if left untreated does not usually last more than four years, it must be that these long cases are benign tumors.

Even when the knife does not cure, it may prolong life—make it more tolerable. Operation offers us ten per cent. of recoveries. Dr. Leaman's case can be regarded as typical. The almost immediate return in the axilla is suggestive of the possibility that some affected gland had escaped removal. The removal of the entire breast in the earlier stages gives chance of total recovery, and in the later stages, with ulceration, operation is also useful; but in the intermediate periods, when the tumor is extensive and adherent to the adjacent structures, non-interference is best.

Dr. Albert H. Smith: I am glad to hear Dr. Barton advocate the repeated use of the knife; I believe in attacking the tumor every time it appears, for, at the least, life may be prolonged and made comfortable, and the patient may be spared the suffering and loathsome discharges of the advanced stages of the disease, conditions which make her a source of misery to herself and to those around her. Cancer is doubtless a local disease, although a constitutional taint or tendency is probably inherited. Yet, if the tumor be removed early, a cure can be obtained. Dr. Leaman's patient did not do well because she did not follow the advice he gave at first. Removal of the breast should be complete; every reappearance should be met by operation. I recall the case of a patient from whom, at the first operation, no axillary glands were removed, but at the second twelve were taken out. Two more operations were subsequently performed; at the last one a very large amount of tissue was removed, but perfect union was obtained. Operation should cease when the condition is such that union by the first intention cannot be obtained. In this particular I cannot agree with Dr. Gross, who pays no attention to the size of the cicatrix or the question of union by first intention. The patient just referred to has been well during this summer, but is not beginning to manifest infiltration, and the condition is such that primary union cannot be obtained, and I do not consider operation permissible. Under the modern advances in antiseptic surgery, operative interference in cases of cancer becomes simple and entails little suffering, and the after-treatment is not difficult.

Dr. Barton: The important point in operation is to make a complete cleaning out of the affected glands, and the obtaining of this must not be interfered with by consideration of the amount of tissue to be removed, or by the desire for primary union. Where much tissue is removed, the after-treatment is more simple than where flaps are made; no counter-openings are needed; no drainage tubes; no pockets of pus are formed: but little, if any, fever occurs; the wound usually goes on uninterruptedly to full cicatrization. In hospital practice I rarely have to see a case after operation, from which the breast has been thus removed. I cannot recall a case in which the disease returned in the cicatrix so formed, though it often returns in the axilla. I remember a case in which three operations were performed upon secondary axillary growths in a period of four years—the last operation being amputation of the arm, ligation of the axillary artery, and removal of the growth—yet the resulting cicatrix ftom the first thorough breast operation remained perfectly soft and healthy.

Dr. Leaman. The case I have reported is an ordinary one, and the operation was certainly performed with ordinary care. The axilla was opened, and all present agreed that no glands

were affected except the one removed. The first symptoms of return were shooting pains in the fingers, referable to a nodule near the insertion of the sterno-cleido-mastoid muscle, behind the left sterno-clavicular articulation. Subsequently the axillary glands were involved. A few small nodules have since appeared over the seat of the first tumor.

I think it important to remember that surgeons may make mistakes; that some of the cases diagnosed as cancer, and apparently cured by operation, may be benign tumors.

In my experience arsenic has not been of use in carcinoma.

A New Use for an Old Instrument.

Dr. Leaman called attention to the fact that he had found the hooked end of Dr. Gross's ear and nose instrument the best and safest means of rupturing the membranes in labor.

Remarks on the Chicago Beef Wire Skewer.

Read September 12, 1883, by Wm. R. D. Blackwood, M. D.

The supply of good, wholesome meat to a large city is a problem involving many points of great importance. Many cattle are slaughtered within a few hours after reaching the abattoirs, before the feverishness and excitement resulting from a long railroad journey have abated, and the meat under the circumstances is not nearly so good or suitable for food as it would be even in healthy and prime animals, were it killed after a due time of rest. For a short time past, beef slaughtered in Chicago and brought here in refrigerator cars, has attracted the attention of those able to judge the article according to its merits, and for quality it is pronounced fully equal to any heretofore put on the market, and far ahead of the great bulk previously sold in the city so far as a wholesome, sound, and moderate-priced beef is concerned. The animals are selected from approved droves, and well fed, watered, and housed for a definite and proper time before killing, and the product therefore is not only in its appearance perfect, but in the vital point of fitness for wholesome, nutritious, and palatable food, it is unrivaled.

Some weeks ago a sensational attack was made on this variety of beef in the interest of a clique of butchers in this city, who, knowing the value of the Chicago article, were afraid of the effect on their business when it became better known to the public, and the silliest pretext, amongst others, advanced, was a supposed danger to consumers from the novel skewers employed to fasten the labels on the hind- and fore-quarters, these being of barbed wire such as I exhibit to you to-night. It was predicted that an epidemic of harpooned tongues, tonsils and pharynxs would ensue from swallowing unawares by consumers the numerous wire skewers concealed in the meat, and I am informed that for a time a serious falling off in sales actually resulted from fear on this point. You will readily see that any one who would try to gulp down a morsel of meat large enough to hide this fastener must at the same time be in a famishing condition, have the appetite of a tiger, and need lessons in table etiquette, to put it mildly.

The labels which are attached—one to each quarter only—are removed by the butcher before cutting up the meat, and could not, even if allowed to remain, fail to attract attention of both cook and eater. Mr. Bradley, of the Great Western Market, is the largest dealer in this city of this excellent beef, and he has kindly supplied me with samples of the barbs. The claims which he makes for the particular beef under consideration are worthy of notice, as his experience in business for some years past is unequaled in this city, and the enormous quantity which he distributes to a large section of surrounding country fully justifies the high value he places upon it. I am glad to confirm what he says, from personal experience in my family. The meat is simply delicious, and excels anything we have previously had from the best butchers of the city.

EDITORIAL DEPARTMENT.

PERISCOPE.

The Indigo-Carmine Test for Sugar.

Dr. George Oliver thus writes to the *Lancet*, May 26, 1883:

The length of my paper, which appeared in your issue of last week (see REPORTER, p. 689, vol. xlviii.) precluded the publication of the following *résumé* of my notes of the behavior of the indigo-carmine and of Fehling's test when boiled in the presence of various substances.

1. *Constituents of Normal Urine.*—No reaction with either test; urea, urates, chlorides, phosphates, sulphates, lactates, oxalates, ammonia, unoxidized sulphur (precipitated B. P.). Indigo carmine unchanged, but Fehling reduced; uric acid, hippuric acid, lactic acid, oxalic acid. Both tests reduced by unoxidized phosphorus. I am preparing inosite, creatine, and creatinine, and the results of the testing will appear in a reprint of my paper; I have, however, obtained parallel reactions with the diluted expressed juice of beef, but the blood is probably a source of fallacy. I have not yet experimented on the coloring matter of urine; clinical evidence is, however, strongly against any probable action therefrom on the indigo test, for the diabetic urines examined were generally but slightly colored, while the reaction was in proportion to the amount of glucose; and in the non-diabetic there was no proportional relation between the color and the reaction—e. g., two equally-tinted urines often gave widely different glucose reactions, and a pale urine would now and then react after the addition of the second

drop, while a dark one would often fail to give a violet tint even beyond the sixth drop.

2. *Constituents of Abnormal Urines.*—No reaction with (*a*) leucine and tyrosine; (*b*) albumen—purified ov-albumen (after Wurtz), purified ser-albumen, and albuminous urine free from sugar (after boiling the indigo carmine test with albumen, a drop of diabetic urine reacted as freely as in the absence of albumen, and glucose was detected by it in mixtures of any proportions of albuminous and diabetic urines*); (*c*) peptones; (*d*) bile—non-saccharine, bile-charged urine (jaundice), and ox-bile added to water in which the test was boiled; (*e*) blood, pus, and mucus in non-saccharine urine.

3. *Carbohydrates.*—No reaction with either test; cane-sugar, pure glycerine, mannite, boiled starch, gum (acacia), glycyrrhizin, salicin. Both tests were reduced by milk-sugar and dextrin. These were the only carbohydrates tried.

4. *Medicinal Agents, etc.*—No reaction with either test; quinine, morphia, codeia, atropine, caffein, santonin, strychnine, balsam of copaiba, benzoate of lithia, hypophosphites, iodides, liq. pepticus (Benger), ether. Reaction with both; gallic acid merely turned the carmine green, produced no play of colors, and there was no return of color on shaking (therefore no reduction), but reduced Fehling: gelseminum reacted green with carmine on admixture, but the color was not further altered by boiling or shaking (no reduction), while it also turned Fehling green, and reduced it on boiling. Carmine unaffected, while Fehling reduced; chloroform, tannic acid, resina (B. P.) and jalapin, carbolic acid, salicylate of soda (green, not reduced), chloral (green, not reduced), guttapercha solution. Turpentine merely decolorized the carmine, did not produce the play of colors caused by glucose, and did not disturb Fehling. Both tests unaffected by gelatin. Of the fifty-eight substances experimented upon, seventeen affected Fehling, and out of these fifteen reduced it, while six altered the appearance of the carmine solution, two turned it green, one merely decolorized it, and only three produced the characteristic color change of glucose—namely, unoxidized phosphorus, milk-sugar, and dextrin, which likewise reduce Fehling, and are, moreover, not likely to appear in urine so as to disturb the glucose test. My inquiry so far shows that indigo carmine is not reduced by (*a*) all carbohydrates, but only by such of them as will affect Fehling; by (*b*) the inorganic matter, or indeed, any of the non-saccharine constituents, of normal urine; by (*c*) substances other than glucose, which appear in morbid urines; or by (*d*) medicines which may pass into the urine.

But apart from these facts, which of course can be easily verified, and which to my thinking support a strong position, we must rely on clinical experience, which will sweep away mere assertion not derived from personal observation and will retain that which is true and useful, and thus decide the working value of this as of any other instrument of clinical inquiry. Fehling has proved itself a trusty and valued servant; I have no wish to assail or to dismiss it from service; it has yet good work to do. For instance, the green reaction from inosite has yet to be utilized clinically. I am thankful for its true guidance while putting the indigo carmine test on its trial, and I will continue to rely on its aid. Any one possessing a practical knowledge of indigo must know why it has not hitherto come to the front for clinical work, for a solution of it or of indigo carmine cannot be made without heat in the presence of an alkali, and the mixture is on several grounds objectionable in the working; the test papers, however, meet these defects, and will preserve from neglect or reclaim from obscurity a valuable reagent.

*When the quantity of glucose was small, while that of albumen was large, Fehling could not discover the former.

The Internal Administration of Iodoform in Constitutional Syphilis.

The *Journal of Cut. and Ven. Dis.*, January, 1883, says:

Mracek gives the results observed, some three years ago, in a large number of hospital cases, from the internal use of iodoform under the direction of Prof. v. Sigmund; the object being to ascertain, first, *the effect of the medicine, when thus administered, upon the progress of syphilis*, and secondly, its *proper dose* in such cases.

Freshly-prepared pills were made use of, each containing 0.1 of iodoform.

In the eruptive stage of the complaint, it was employed chiefly against the insomnia, and the pains in the head, limbs, and respiratory muscles. The favorable effect of *iodine* on these symptoms being borne in mind, much was naturally expected from the iodoform containing 95.8 per cent. of that element. The action of iodoform in small doses (0.5) was found, however, to be far from prompt in any case, and it sometimes failed to exert any sedative influence whatever. On the other hand, larger doses (1.0 and 1.5) while operating with more certainty as narcotics, sometimes gave rise to very disagreeable affections of the head.

The secondary manifestations of syphilis, as maculo-papular eruptions, papular syphilides on the genitals and anus, papulæ in the mouth, pustules on the hairy scalp, iritis, palmar and plantar psoriasis, etc, proved still more refractory under this mode of treatment. In most of these cases it was necessary to fall back upon mercurial inunctions, either to shorten the course of the original disease, or to combat the effects of the iodoform. Even when the latter was tolerated, so that its administration could be continued to a cure, the patient's general condition was less satisfactory than when mercury was relied on.

The course of the disease in the gummatous stage was more favorably influenced; but unfortunately, owing to increased debility, the remedy was less easily borne than at an earlier period, and often produced such troublesome symptoms as to compel its speedy discontinuance.

Gastric disturbances were the most frequent results from the administration of iodoform. A daily dose of one gramme almost uniformly gave rise to loss of appetite, nausea and vomiting, and sometimes to diarrhœa. Less frequent but equally characteristic effects were, a persistent drowsiness; vertigo and feelings of intoxication; hebetude and pressure in the head; general excitement,

occasionally with accelerated action of the heart; acne (after ten, eleven, thirteen, thirty-four days' treatment); scraping in the throat, cough, acute catarrh of the fauces, as also of the conjunctiva; more rarely, bronchitis. Lastly, when these conditions did not obtain, after taking the iodoform for seventeen to thirty-five days, a feeling of debility and faintness was sometimes experienced, and the patient became pale and lost flesh.

The author decides that the internal administration of iodoform is unadvisable in the treatment of syphilis, both on account of its uncertainty as a curative agent, and the disagreeable symptoms so frequently attendant on its use. On comparing the preparation of iodine hitherto most frequently employed—viz., iodide of potassium, containing seventy-six per cent. of iodine, with iodoform containing ninety to ninety-five per cent., he arrives at the following conclusions:

Both operate by virtue of their iodine. The iodoform, however, is seldom tolerated, for many days together, in doses as large as 1.0 *pro die*. This is scarcely ever the case with iodide of potassium. The iodide, therefore, as not affecting the appetite, and less frequently giving rise to gastric disturbances in general, is far preferable to iodoform in the treatment of syphilis. If reduced doses (0.5) of iodoform are resorted to, a much smaller quantity of iodine is supplied to the organism than when iodide of potassium, in the easily-borne dose of 1.0, is administered. The author would hardly venture upon the 3.0 doses of iodoform employed by Nunn. The most frequent secondary effects from iodide of potassium, viz., acne and catarrh, are, it is true, more rarely caused by iodoform, but are sometimes observed even after the exhibition of the latter.—*Monatsch. f. prak. Derm.*, May, 1882.

Transposition of Viscera.

Dr. Wm. Julius Mickle thus writes in the *Brit. Med. Jour.*, May 19, 1883:

In January, 1882, I made the necropsy of W. P., a sign-writer, who died, at the age of forty years, of general paralysis of about three years' duration. On admission, his height was sixty-nine inches, his weight 144 pounds. During life, the transposition of the areas of percussion-dullness of the liver and spleen had been noticed; and of the necropsy only so much will be here related as refers to the transposition of viscera.

The heart was more erect, and more under cover of the sternum, than usual. Its chambers had, as it were, changed sides; the thicker and stronger ventricle, connected with the aorta, conconcerned in the systemic circulation, and forming the cardiac apex, being on the right side; while the ventricle operative in the pulmonic circulation, and through the pulmonary artery, was on the left side. The auricle receiving the systemic veins was on the left side, its appendix was directed forward and to the right. A thin septum, situated posteriorly, separated this auricle from the other, except where a patent foramen ovale, one-third of an inch in diameter, kept open communication between the two. The ventricle on the left side, with a tricuspid flap well to the left, opened into the pulmonary artery upwards, forwards, and to the right; and, springing from this point, the pulmonary artery curved round to the right under the aortic arch. The auricle receiving the pulmonary veins was to the right and posteriorly; its appendix, directed to the right and somewhat forwards, nestled under the pulmonary artery. The mitral valve had anterior and posterior flaps. At the right ventricular summit, and in front, was the aortic opening. Of the aortic valve, one segment was on each side, and one posteriorly, but not exactly so. Behind the right segment the larger coronary artery made exit; behind the left, the lesser. The aortic arch was directed towards the right, thence it curved down to the vertebral column, on the anterior and right aspect of which it descended through the thorax. Similarly, the gullet coursed down the left anterior aspect of the dorsal column; but, below, it crossed to the right to gain the œsophageal opening in the diaphragm. The lung in the left chest had a very imperfectly divided-off third, or middle, lobe. The lung in the right chest, however, had a small imperfect middle lobe. The spleen was in the right hypochondrium. The position of the liver was reversed, its larger lobe lying in the left hypochondrium and epigastrium, and its smaller lobe extending rightwards to the spleen.

Of the stomach, the cardiac opening and the cardiac end were to the right of the middle line, and the pylorus to the left of the same. The duodenum was also to the left, and the convexity of its horse-shoe curve was directed to the left. The end of the ileum, the cæcum, and the appendix vermiformis, were in the left inguinal region. Thence arose the ascending colon on the left; then came the transverse arch of the colon; the descending colon, on the right side; the sigmoid flexure, in the right iliac fossa; and the rectum, entering the true pelvis slightly to the right side. The kidney of the left side weighed five ounces; of the right, four and a half ounces.

Note.—The local destructive inflammation of the left lung may have been due, or partly due, to inhalation of particles of food; and its localization in the left, rather than in the right lung, a result of transposition.

The Unity of Syphilis, Chancroid, Venereal Warts, Balanitis, and Gonorrhœa.

The *London Med. Record*, August 15, 1883, says:

After long observation of a large number of cases, Dr. Moritz Winter, of Brunn, Moravia, has arrived at the startling conclusion that "the venereal disease" is more truly one single affection manifested in different forms, than it was ever held to be before the days of Hunter and Ricord. He sums up his opinions under three heads. Syphilis, in the first place, is the primitive cause of all venereal diseases. Were there no syphilis, there would be no soft sores, no venereal warts, and no infective catarrh of the urethra. Secondly, soft chancre is an immediate modification of the true syphilitic virus (*Tochterkrankheit*) derived from a subject infected with syphilis. It settles itself upon its victim as a disease *sui generis*, and never undergoes return to its original syphilitic type. Henceforth it can only serve as a gateway for the admission of unmodified syphilis. Lastly, Dr. Winter believes that the venereal wart and gonorrhœa together form a secondary de-

scendant of true syphilis (*Enkelkrankheit*). As the syphilitic virus becomes modified into chancroid virus, so does chancroid become modified into a special poison which, derived from a chancroid patient, causes warts or gonorrhœa in the recipient. After giving cases where chancroid has been observed in patients who have had connection with syphilitic subjects, Dr. Winter describes an instance of the second condition. A commercial clerk consulted him last autumn for the cure of multiple soft sores along the reflexion of the prepuce on to the glans. These were healed by the application of iodoform. In a short time (*sic*), the patient returned, with warts on the under side of the penis. His urethra opened abnormally, by the side of the frænum; in fact, rudimentary hypospadias existed. One of the warty growths extended to the urethral orifice, and, a day or two later, all the symptoms of gonorrhœa appeared, and proved most difficult to cure. Dr. Winter thinks that there can be hardly any doubt that the urethral discharge was derived from the warts, and the warts from the soft sores, in this case. Michaelis, in his *Lehrbuch der Syphilis* (1859), has already described a specific balanitis, causing the growth of warts if neglected, and always more severe than simple inflammation of the glans due to irritation. According to Winter, the severer form would represent an extremely mild modification of the syphilitic virus.

The Value of Milk Treated by Pancreas Ferments.

Dr. Francis L. Haynes, of Philadelphia, thus writes in the *Am. Jour. of Obstetrics*, September, 1883:

I have used milk, artificially digested by pancreas-ferments, in the following cases:

1. Chronic intestinal catarrh of six months' duration in a child one year old. Marked wasting; rickets. Rapid recovery.

2. Chronic intestinal catarrh of seven months' duration in a child fifteen months old. Recovery in ten days and rapid increase in weight.

3. Chronic gastro-intestinal catarrh (from birth), with acute catarrhal pneumonia, in a child one year old. The peptone agreed thoroughly with this patient, and the vomiting and purging ceased. The pneumonia continued, and destroyed life by exhaustion in one month.

4. Extreme emaciation and exhaustion in a child three weeks old. Rapid recovery. One month after, during very hot weather, cholera infantum and death.

5. Cholera infantum in a child two months old. The milk peptone was used as soon as the vomiting and purging had been checked. Rapid recovery.

The only other medication used in these cases was morphia to check the bowels, or to meet other indications.

In numerous cases of indigestion, intestinal catarrh, and other diseases in adults, I have used milk peptones, and frequently with benefit.

The preparation used is the "Extractum Pancreatis" made by Fairchild Bros. & Foster, 60 Fulton street, N. Y.

The following formula is used, and the druggist is directed to furnish a scoop holding a scruple of the powder:

℞. Extracti pancreatis, ʒj.
Sodii bicarbonatis, ʒ iij.

M. et Sig.—Add scoopful to a gill of water; mix with pint of fresh milk; keep this mixture at a temperature of 110° for two hours. Boil, place while hot in bottles, and keep on ice.

In the absence of a thermometer, the mother is directed to keep the milk so hot that she can barely hold some in the mouth.

The bottles used are beer bottles, with patent air-tight rubber tops.

If the milk is to be used immediately, it is not necessary to boil and bottle it; but, if kept, it soon spoils.

Milk thus prepared has a bitter taste.

The directions for use are the same as those for ordinary milk.

Malarious Cholera.

Dr. Henry Blanc thus writes in the *Lancet*, August 18, 1883:

"All medical men residing in India have but too often occasion of attending cases of cholera; nevertheless, when I witnessed my first case of malarious cholera, I remained awhile under the impression that I had to deal with a case of real cholera. No symptom appeared to be wanting. Vomiting, purging, anxiety, rapid breathing, loss of voice, pulse weak or imperceptible, skin shrivelled, eyes sunken, cramps, coldness of the surface, etc., all the symptoms characteristic of cholera, were present. Still there are differences, and these are of great importance as assisting us in diagnosing between the two diseases. In malarious cholera the vomiting and purging are less frequent, less distressing, and these symptoms cease at an early date. The alvine discharges contain generally some bile, or are tinged with blood, or are like dirty water, or almost clear, but never presenting the whitish appearance so well known as rice-water stools. The cramps in the cases I have observed have been limited to the abdominal muscles and lower extremities. A third point of great moment is the rapid reaction, or rather the almost total absence of reaction, the patient passing from a state of deep collapse to one of convalescence in the space of a few hours, and with a return of all the choleraic symptoms should the following paroxysm not be checked. The influence of treatment is also well marked. In India we are well aware of the danger of administering stimulants and opium during the collapse stage of cholera; in the sideration produced by malarious poisoning these two remedies are indicated, and are followed by the best results. Again, the value of quinine points to the intimate nature of the disease; in five cases out of six this drug acted favorably, and no return of the dangerous paroxysm took place. The fatal case afforded us an insight into the pathology of the disease, and nowhere are the differences and distinction between the two forms of cholera better marked and ascertained. In malarious cholera *post mortem* reveals a condition of intense melanæmia; a separation of the blood pigment, the blocking up of the capillaries by this altered substance, the presence of a rose-colored serous fluid in some of the large blood-vessels, and of a dark thick fluid in others."

The Diagnostic Significance of Tubercle Bacilli in Childhood.

The *London Medical Record*, June 15, 1883, says: The observations hitherto placed on record with reference to bacilli of tubercle are derived from the disease in adults. Dr. Demme, of Berne (*Berliner Klin. Wochensch.*, April 9), submits parallel researches pursued in cases of disease in children, noticing at the same time the difficulty that exists in obtaining expectoration from children under three years of age. The investigation was carried out in forty-four cases of tubercular disease. In six of these (tubercular meningitis and kidney disease) the examination was microscopic. In the remainder the sputa, or fæces, were examined a few days before death. The ages of the majority of these patients were from one to four years, and smaller proportion from five to ten years. The earliest age was eighteen weeks. It was a point of much interest and importance to watch the development of phthisical disease, from measles or whooping-cough, after the first detection of bacilii in the expectoration, and the proportional rapidity of the disease, in relation with the greater or less abundance of bacilli. In three cases of acute miliary tuberculosis, the bacilli were only discovered after death in one instance, and in the other two they were in the sputa only two or three days before death; confirming the statement of Lichtheim that the expectoration in acute miliary tuberculosis does not contain bacilli. Bacilli in considerable abundance were found in cases of lupus; also, in a case of ozæna in an hereditary tubercular constitution, the tubercle-bacilli were found in the mucous surface of the nostrils. This patient died, after a short illness, of tubercular meningitis. Miliary tubercles were found in the course of the vessels of the membranes, and tubercle was found in the substance of the cerebrum and cerebellum. The lungs were free from tubercular disease, as were also the abdominal viscera. In the tubercle of the pia mater, a scanty sprinkling of bacilli was found. Referring to the preceding observation, Dr. Demme remarks that tubercular disease of the mucous membrane of the nostrils is seldom, if ever, seen by itself alone. In this case, the author suggests the transmission of the bacilli from the nares by the way of the vessels to the meninges.

Cerebral Localization.

The *Medical Times and Gazette*, August 25, 1883, says:

"The centre for movements of the thumb has been indicated on more than one occasion by the autopsy of a patient who had had paralysis limited to the thumb; and we now have, at the hands of M. Lepine (*Revue de Médecine*, July, 1883), pathological evidence brought before us of the site of the centre for the movements of the fingers. The case in question was that of a young woman the subject of phthisis, in whom partial paralysis of the right arm supervened suddenly one night, the movements of flexion and extension of the hand being lost, as also those of the fingers, but the thumb showed no loss of power at all. There was no impairment of sensation in the hand. The patient died the next day, and at the *post mortem* examination there was found on the external aspect of the left hemisphere a group of tubercular granulations, forming a mass about the size of a bean, situated in the furrow which separates the ascending parietal convolution from the parietal lobule; it was four centimetres from the median fissure between the two hemispheres, and five centimetres from the fissure of Sylvius. It was situated in the meninges, and was easily stripped off with these from the surface of the brain. At the point where it rested there was a cup-shaped depression of the grey matter, but no loss of substance, and it must, therefore, be presumed that the symptoms were due to the anæmia caused by the pressure. Tubercular affections of the brain are so frequently multiple or widely diffused, that it is not often they can be of much use in advancing our knowledge of the functions of the different parts of the cerebral cortex. The present case is, therefore, unusual in that respect as well as in the site of the lesion."

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——No more profitable reading for young men can be found than the lives and labors of those who have distinguished themselves on the stage of life. Such reading indicates the sign-posts leading to the goal of an honorable life, and is always to be welcomed. To the members of our profession, much good example can be derived from a perusal of the "Memoir of Jonathan Letterman, M. D., Surgeon United States Army, and Medical Director of the Army of the Potomac," by Brevet Lieut.-Colonel Bennett A Clements, Surgeon U. S. A., which has come to us as a reprint from the *Journal of the Military Service Institution* for September, 1883. Dr. Letterman is the man who brought order out of chaos in the medical administration of the Army of the Potomac, and his labors should be appreciated by all.

——Attention to the smallest details and unremitting and conscientious care of the patient are two of the strongest points for success in ovariotomy, as laid down by Dr. Edw. Borck in a pamphlet entitled "Diagnosis of Ovarian Tumors." The pamphlet will be sent gratis to any physician who will send his address and a postage stamp to the author, 1225 Washington Avenue, St. Louis, Mo.

——We have received the "Answer of Thad. M. Stevens, M. D., to charges of the Indiana State Board of Health, together with statements in proof and other matters." It is reprinted from the *Transactions of the Indiana State Medical Society.*

BOOK NOTICES.

Report of the Board of Health of Louisiana, 1883. 8vo., pp. 637.

A mass of information is embraced in this thick volume. Besides the ordinary reports which we expect to find in such a publication, there is a long special one on yellow and malarial fevers by Dr. Joseph Jones, with numerous colored illustrations. It is the result of very profound studies on the subject, and will be sure to rank high in the literature of the branch. Several charts and tables accompany the work.

The Treatment of Wounds, Principles and Practice, Special and General. By Lewis S. Pilcher, M. D. New York: Wm. Wood & Co.

This treatise is a careful study of the branches of surgery connected with wounds and their repair. It is one of the most interesting parts of the domain of surgery, and around it have centered some of the most active discussions of recent years. Dr. Pilcher begins with a careful study of the physiological processes, and on these bases his criticisms and deductions as to the best methods of treatment. It will be found an instructive volume.

A Practical Manual of the Diseases of Children, with a Formulary. By Edward Ellis, M. D. Fourth edition, 8vo., pp. 218. Price $1.00.

The Diseases of Women. By Graily Hewitt, M. D., etc. New American edition edited by Harry Marion Sims, M. D. 2 vols., cloth. Price $2.25 per volume.

Practical Clinical Lessons on Syphilis and the Genito-Urinary Diseases. By Fessenden N. Otis, M. D., etc. 1 vol., cloth, 8vo. pp. 584. Price $4.50.

Insanity; Its Classification. Diagnosis, and Treatment. By E. C. Spitzka, M. D. 1 vol., 8vo., cloth, pp. 415. Price $3.00

The Diagnosis and Treatment of Diseases of the Ear. By Oren D. Pomeroy, M. D., etc. 1 vol. 8vo., cloth, pp. 391. Price $3.00.

Sexual Impotence in the Male. By William A. Hammond, M. D., etc. 1 vol., cloth, 8vo., pp. 275. Price $2.50.

A New Hand-book of Treatment. By William Aitken, M. D. 1 vol., 12mo., cloth, pp. 444. Price $2.00.

An Encyclopædic Index of Medicine and Surgery. Edited by Edward J. Bermingham, M. D. 1 vol., cloth, 8vo., pp. 434. Price $5.00.

The above works have been issued during the current year by the house of Bermingham & Co., 28 Union Square, New York city, and form an acceptable addition to the medical literature of the time. Nearly all of the authors are so well and favorably known to the reading men of the profession that they need no introduction at our hands. One may be sure that what they produce is worth reading, because it is the result of wide observation, guided by scientific methods. Some two or three of the works are old, but they have undergone judicious revision, which has brought them up to the requirements of the day. Those who desire recent and well-prepared books on the subjects named will not go astray in ordering from this list.

So far as the manufacture of the volumes is concerned it is quite up to the average of that which now prevails with medical publishers, and decidedly ahead of some we have noticed in these columns.

Transactions of the Indiana State Medical Society. 8vo., pp. 393.

A handsome volume like this, filled with original matter, much of it of a high standard of excellence, is a gratifying proof of the steady advancement of the American profession in thorough knowledge of their science. Of the subjects treated we may name, "Fœtal Medication," by Dr. Kyle; "Bright's Disease," by Dr. Petro; "Parasites," by Dr. Geo. Sutton, of Aurora; "Bacteria Microscopy," by Dr. N. Field; "The Puerperal State," by Dr. L. C. Johnson; "Shock," by Dr. W. H. Myers; "Cystitis," by Dr. John Chambers, etc. It will be seen that the subjects are varied, and of importance, and they are well treated.

Index Catalogue of the Library of the Surgeon General's Office. Vol. iv., 1883.

One cannot but contemplate with admiration the progress of this masterly summary of medical literature—for it were injustice to call it merely a catalogue. The present volume carries the list to the name *Fizes*. As this is about one-third of the alphabet, the reader may calculate what an enormous work it will be when complete. It is, in fact, an epitome of all that has been written on medical science. Looking over *Fistula*, for instance, we get an idea of all the means ever suggested for its treatment. We trust that no delay will intervene to prevent the early completion of this great national work.

What to do First in Emergencies. By C. W. Dulles, M. D. Second edition. 12mo., pp. 119.

A Compend of Surgery for Students. By O. Horwitz, M. D. 12mo., pp. 133.

These two little books, from the publishing house of P. Blakiston, Son & Co., Philadelphia, are convenient reminders of a variety of facts which it is desirable for all medical men to know. They are carefully written, and are good examples of their class.

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APPLICATION OF THE SHARP SPOON IN OBSTETRICS.

It seems as if the sharp spoon was finding a more and more extended application in obstetrical and gynæcological surgery. Formerly only made use of in caries of the bone, then for the purpose of scraping off epithelial cancers, then also in cases where the knife had not been able to cut off everything attacked by a malignant growth, Dr. v. Werkebecher–Sternefeld appears now to favor a far more extended application of this instrument in obstetrical practice. In his article on the subject in the *Arch. f. Gyn.*, xx., p. 236, he considers it indicated:

1. In partus immaturus during the first three months, with (*a*) retention of the whole partly still adhering ovum; (*b*) simple retention of the loosened ovum in case of narrow os; (*c*) retention of residual parts of the ovum.

2. After delivery of premature or full-grown fœtus, spontaneous or artificial removal of the placenta with retention of cotyledones or parts of such.

3. In case of atony of the uterus post partum, when the spoon is expected to act as a powerful irritant.(!)

4. In child-bed, for the purpose of removing accumulated blood-clots, parts left of the placenta, fœtid matter, and tenacious discharge, covering the mucous membrane; further, to remove the so-called Küstner's deciduum.

5. In case of polypus of the placenta, mola carnosa, and hydatids.

W. Schülein, who in the *Centralbl. f. d. Med Wiss.*, August, 1883, criticises these views, and finds especially ridiculous the application of the spoon in atony of the uterus, rejects also, and with justice, another recommendation of v. W.–S., viz., never to apply narcosis in such cases, and not to fix the uterus with a hook, but to force it down with the hand.

The author concludes his — notwithstanding these objectionable features—interesting remarks, with the reports of one hundred cases, in which the sharp spoon found its application. While eighty-six recovered perfectly, and the purpose

for which the application had been made was followed by prompt and lasting success, in nine cases a diseased condition developed itself, and five were fatal—though it can hardly be admitted that in any of these five cases death was due strictly to the injury inflicted by the spoon.

MULTIPLE NEUROMAS IN THE COURSE OF THE PLEXUS BRACHIALIS SINISTER, CAVERNOUS ANGIOMAS, LYMPHIANGIOMAS, AND NEURO-FIBROMAS OF THE LEFT UPPER EXTREMITY.

Under the above title, Prof. Heinrich Köbner, of Berlin, records in Virchow's Archiv. Bd. xciii., hft. 3, S. 343, a remarkable combination of abnormal formations in the left brachial plexus and vessels of the left upper extremity, taking on the form of tumors described by the title. The patient was a young man, aged 21. No similar tumors were known on his mother's side of the family, and neither were her other sons or daughter similarly affected. Upon the father's side of the family nothing definite was ascertained. Only one of the tumors of the forearm was present at birth; all of the others began to be noted six months after birth. Examination revealed a striking atrophy of the left arm; partly a retiform development of the veins; and before all, a number of bluish or yellowish-red tumors, situated especially on the extensor side of the forearm, and reddish as well as reddish-brown ones on all fingers. Between the tumors of the forearm some colorless ones were situated, others of an angiomatous appearance, besides which there were certain widely-separated groups of small blebs, similar to herpes, resting upon brownish spots, or again directly in the neighborhood of larger angiomas or miliary angiomatous spots and points. Further examination revealed an extensive tumor formation of the left brachial plexus—not merely, however, of the major trunks, but also on the smaller branches, and even fine twigs of the thoracic as well as the arm distribution.

All motions of the arm except supination were possible. The galvanic sporadic reactions of the muscles were normal. Spontaneous pain was not present, but very severe pain was developed by pressure upon the neuromatous nodules. The left hand perspired much less freely than the right one, and was also of a higher temperature, about 1° C. The paper is illustrated with three photographs, showing well the position of the tumors and the atrophy of the arm.

THE DIAGNOSIS OF CANCER OF THE STOMACH FROM IDIOPATHIC ANÆMIA.

The difficulty of arriving at a correct diagnosis between these two conditions is well illustrated by a case reported by Dr. Neale in the *Practitioner* for July, 1883.

The importance of a correct diagnosis is clearly manifest when we realize that in the one case the prognosis is necessarily fatal, while in the other we have good grounds to hold out reasonable hopes for recovery.

In the case under consideration, three consultants maintained the view that "idiopathic anæmia" was the correct diagnosis, while Dr. Neale, having had a similar case under his care a short time previously, was inclined to regard it as "cancer of the stomach." The correctness of his opinion was demonstrated by the *post mortem*, when the whole posterior wall of the stomach was found invaded by scirrhous cancer.

The symptoms presented by these two conditions are so similar that it would seem that it is impossible to arrive at a positive differentiation, save by the presence of the two following evidences: tumor of the stomach, recognized by palpation and microscopical examination of the vomited matters revealing the presence of characteristic cells. Our prognosis in such cases must be very guarded.

CHLORIDE OF NICKEL AS A DISINFECTANT.

Chloride of nickel one gramme to one fluid litre, protects fibrin against decomposition; defibrinated blood, placed in such a solution, did not decompose till the fourth day; and mildew (aspergillus glaucus) on bread, moistened with a O, 5 solution of the chloride, showed only on the eighth day a single development without putrefaction, while a control-preparation, two days after, had perfectly

developed itself. As yet, there has not been found any special virtue in this new disinfectant. But if we remember that new bacilli, micrococci, and other animalculæ, are almost daily discovered, and that the fact has been demonstrated that certain disinfectants seem to have a special destroying influence on certain species of the microzymes, the time may come when every disinfectant will find its special sphere of usefulness. We must also not forget that our knowledge of these remedies is comparatively a very recent, and undoubtedly still incomplete one.

Notes and Comments.

Cancer of the Duodenum with Occlusion of the Biliary Duct.

Before the New York Society of German Physicians (*New York Med. Jour.*, July 28, 1883), Dr. I. Adler presented a specimen of medullary cancer of the duodenum, with the following history:

An old gentleman, seventy-six years of age, had for over thirty years been the subject of an obscure affection of the stomach, of which the most prominent symptom was a gnawing pain, which was only relieved by the regular ingestion of food every two hours. Until three years ago he had enjoyed robust health. A year and a half ago he was taken seriously ill with a chill, followed by a rise of temperature reaching 105°. The following day his temperature was normal, but he had developed cholæmic icterus, which only disappeared to return with greater intensity, until finally the patient's skin had assumed a deep-brown tinge. Both the urine and the stools contained biliary coloring matter in abundance. His morbid appetite had increased, with symptoms of chronic gastritis, so that he craved food every fifteen minutes; still he rapidly lost ground, and finally succumbed to the cholæmic poison. The assumption of obstruction of the ductus choledochus by the pressure of some tumor, was shown to be correct by the results of the *post mortem* examination. The stomach showed intense catarrh of its lining membrane, with many ulcerations, which accounted for the frequency and violence of the pains experienced during life when the viscus was empty. Relief was obtained when the ulcers were protected from the action of the gastric juice by the mass of food. The ductus choledochus was completely occluded by the pressure of a tumor, about the size of a walnut, which grasped the duodenum, in the shape of a horse-shoe, and which was eroded on its intestinal surface. The duct showed considerable dilatation behind the point of constriction. On microscopic examination, the tumor was found to be a medullary carcinoma. The glands were not involved.

A Case of Œstrus Hominis.

The London *Med. Record*, August 15, 1883, says that Dr. Voelkel, of Berleburg, in Westphalia (*Berliner Klin. Wochensch.*, April 2), was consulted on February 21, 1882, in the case of a lad, aged 13, who complained of stiff-neck and severe pains on the right side of the neck and head. On the 27th his father reported that he was much better, a "worm" having been emitted from the skin below the right eye. The cylindrical larva was about 1½ centimetres in length and 2 millimetres in diameter, and moved actively for the space of half an hour. Two other "worms" had been evacuated, but had not been preserved. The patient, on March 12, presented himself with a hard white nodule about the size of a pin's head on the right cheek. This was not accompanied by inflammatory redness. The patient's brother stated that this had commenced with a small patch of redness of the skin, with tenderness to touch; that a small opening appeared, from which a few drops of watery fluid had escaped, and the larva was to be seen. By gentle pressure it was easily dislodged. On the day following another was removed. Some pain and tenderness remained for eight days after the removal of the parasite, and gradually subsided, the general health continuing unimpaired. The boy remembered having slept in the open air frequently in the preceding summer, and having suffered from the stings of insects. It is remarkable that these parasites should have remained under a healthy skin without causing eruption or wound of any kind. Dr. Voelkel submitted the larvæ to the opinion of Professor Brauer, of Vienna, with the result that Dr. Brauer entertained not the slightest doubt that the parasite was the larvæ of the œstrus hominis—the larva of the gadfly. Larvæ of insects of the same order "Œstridæ" are well known by their effects on man in tropical America.

Antiseptic and Non-antiseptic Methods in Surgery.

Dr. Dudley P. Allen read a paper on this subject before the late meeting of the American Medical Association (*Association Journal*, September 15, 1883), in the course of which we note the following: In conclusion, then, it would seem:

1. That the fact that operations on the abdomi-

nal cavity succeed without the spray, does not influence the employment of antiseptics with regard to other operations where there is a continued opportunity for infection.

2. It would appear that the spray is the least important of all the details in antiseptics, and that if the other details already mentioned, are attended to, the proper dressing of wounds, pressure and drainage, may by securing absolute quiet for a wound, turn danger into benefits.

3. That different methods are of different application, and that whereas the spray might be most desirable in opening joints, and in the atmosphere of hospitals, with bad hygienic surroundings, flooding might be equally efficient in certain other wounds, and that some permanent antiseptic as iodoform would be most servicable, when other antiseptics are inapplicable, as in removal of the tongue, or where there are cavities that can be rendered aseptic only with difficulty, as in sinuses and necroses, and that some such permanent antiseptic would be of incalculable benefit in war, where frequent and elaborate dressings either antiseptic or non-antiseptic are impossible.

4. That although there are certain dangers in the use of antiseptics, these are more than equaled by the dangers attendant upon their omission, especially in large hospitals, and that dangers of poisoning are certainly decreasing as the application of antiseptics is becoming better understood, and further, that investigation may develop a method of securing aseptic results less onerous, and devoid of the disadvantages that now surround them.

Poisoning by Bichromate of Potash.

Apropos of poisoning occurring among workers in bichromate of potash factories, Dr. Edward Orr Macniven says in the *Lancet*, September 22, 1883:

Judging, therefore, from the cases just mentioned, and from those of an earlier date, the symptoms produced with bichromate of potash are those of of an irritant poison, and may be described as follows:

1. *General or Usual Symptoms.* — Abdominal pains; vomiting; purging; cramps in the legs; feebleness of the pulse; coldness of the surface of the body, with clammy perspiration; soreness of the month and throat and excessive thirst.

2. *Remote Symptoms.*—Tendency to syncope with giddiness; specks before the eyes, dilatation of the pupils, and yellowness of the conjunctivæ; suppression of urine; stupor; hurried or difficult respiration; loss of power of the legs.

Lastly, the local effects on workmen who use the bichromate of potash in dyeing, as described by Drs. Duncan and Eadie, of Glasgow, are of great practical interest, and illustrate the caustic action of this poison. It seems that on those workmen who have the slightest abrasion of the skin the poison acts as a caustic, producing a tough slough, followed by an ulcer with hardened cup-like border. These sores may gradually extend deeper and deeper, until they eat their way into the bone, and sometimes they actually make their way through the arm or hand altogether. Attacks of conjunctivitis are also of not uncommon occurrence. These observations I can fully confirm.

The Probable Cause of Non-union of Fracture of the Patella.

A good bony union in fracture of the patella is a desideratum, but one that is seldom vouchsafed to the surgeon. The cause, Dr. W. Gem thus endeavors to explain in the *Brit. Med. Jour.*, September 1, 1883. He had an opportunity of making a *post mortem* examination on a man in whom a fractured patella showed no tendency to unite, and he found about three ounces of clotted and partly organized blood, pushing up the fragments, and so causing the displacement and non-coaptation of the fragments. The query arises, might not this clotted blood (or organized blood in the young subject) be the cause of non-union in a great many cases, supposed to be due to the action of the triceps femoris? The case appears of interest, in clearly showing the line of treatment which should have been adopted, and the practical utility of early aspiration and putting up in plaster-of-Paris, so doing away with elaborate splints and lotions, and avoiding long confinement to bed. The case also shows the deformity and non-union produced by blood-clot from beneath the fragments, when apparently all effusion had disappeared.

Phthisis in Florida.

At the conclusion of an article on "Endemic Diseases in Florida," Dr. C. Drew, jr. (*Med. Record*, June 16, 1883), says:

The total number of cases of phthisis recorded for the year as having developed among residents is fifteen, giving a percentage of morbility of 3.4; it is impossible to offer any statistics as to the mortality from this disease in so brief a period of time. There does not appear to have been any remarkable relation between barometrical pressure and the existence of disease. From February to September, with the gradual rise of temperature

incident to the summer months, the percentage of malarial disease increases. Through September, October, and November, although the temperature declines, the rate increases, and keeps up until January, when it becomes quite low. Mean humidity does not appear as a prominent factor in the development of this class of diseases. The lowest mean humidity is reported for March, when the percentage of malarial fever is low, 15.93; but in January, 1882, when the mean humidity was 78.8°, a high degree, the percentage of fever was low, 21.42. The meteorological observations were copied from those issued by the signal service at this station.

A Needle Forty-Six Years in the Body.

In the *Louisville Med. News*, Dr. C. J. Walton tells of a woman who swallowed a large needle, with a broken point, away back in 1830. In 1850 she was seized with lancinating pain in the left hip-joint, which after a while passed away; in 1874, similar pain occurred in the left shoulder and arm. In 1876 she was again similarly attacked, this time with a severe stinging pain with redness and swelling in the posterior aspect of left arm, three inches above the elbow-joint. All remedies failed to effect relief, when, in applying a liniment, something wounded her hand, and on looking for the offending object a blunt needle-point was discovered, but so firmly held in its location that an incision was required, and considerable force was necessary to extract it with forceps. The needle was blackened, and had lost its smoothness. Careful examination showed the needle to be one of an ancient pattern which has long since ceased to be manufactured. Since removing the needle the lady enjoys perfect immunity from pain, and is now a woman of eighty, with the physical and mental vigor of one forty years of age.

Plaster of Paris Bandages for Fractures.

Every one knows, says Christopher Heath (*Brit. Med. Jour.*, September 22, 1883), that in fracture of the patella, the joint soon fills up with blood and synovia, which take many days for their absorption; but every one apparently, does not know that if the case be seen before effusion has occurred, it may be entirely prevented by wrapping the knee-joint up in cotton wadding, and applying a plaster of Paris bandage firmly over all. I have treated many cases in this way with only a couple of days' confinement, and believe that I have in some got osseous union between the fragments, so firmly are they knit together.

But, if effusion have already taken place, it is easy to get rid of it, if coagulation of the blood have not already occurred, by the use of the aspirator; and, the wadding and plaster being at once applied, no further effusion takes place, and the patient begins to walk about with a stiff knee as soon as the plaster is dry.

He advocates the early use of the plaster of Paris splint in all fractures, save those of the forearm, where there would be danger of drawing the two bones together.

A Case of Gummous Bursitis.

Before a recent meeting of the New York Dermatological Society (*Jour. of Cut. and Ven. Dis.*, July, 1883), Dr. Taylor presented the following case:

The patient, a man thirty-two years old, had syphilis six years ago, and was indifferently treated. About one year ago, he had a gummatous ulcer of the size of a quarter of a dollar on the right thigh. This healed under the "mixed treatment," and, after two months' medication, the patient became careless. Five months ago, he came with a firm swelling over the right outer malleolus. Three months ago, he came with two symmetrical tumors, one over each trochanter major, about one inch in width and two in length, firm, hard, and painless, the skin being freely movable over them. They were situated at right angles to the axis of the legs. They are now rapidly subsiding under "mixed treatment."

Relief of Shock and Induction of Rapid Anæsthesia.

Physicians usually rely upon alcohol in shock, but now Dr. C. V. Rockwell tells us (*Ft. Wayne Journal of Medical Science*, July, 1883) that he obtains better results from the hypodermic injection of $\frac{1}{120}$ of a grain of atropine, repeated, if necessary, in from ten to twenty minutes. If reaction does not now set in, he increases the dose to $\frac{1}{60}$ of a grain, and gives by the stomach frequent doses of aromatic spirits of ammonia.

So soon as reaction is fairly begun, from $\frac{1}{8}$ to $\frac{1}{4}$ of a grain of morphia by hypodermic injection will relieve the increasing pain, and in from twenty to thirty minutes put the patient in the most favorable condition for the induction of anæsthesia from chloroform. By this mixed method insensibility is more rapidly produced and less chloroform is required; consequently, danger to the patient is somewhat lessened, while the stage of excitement following the inhalation of chloroform is greatly abridged.

The Development of Cancer from Non-malignant Diseases.

Dr. Daniel Lewis read a paper on this subject before the Medical Society of the State of New York (*New York Med. Jour.*, June 30, 1883), which concludes with the following propositions:

1. Many diseases of a non-malignant character are not only predisposing but exciting causes of cancer.

2. Such degeneration often occurs in patients who have no hereditary predisposition to cancer, and in those who are so predisposed the danger is imminent.

3. The recognition of the pre-cancerous stage of the disease is of the highest importance in its successful treatment.

4. While it is true that heredity is well attested in many cases, its importance has been greatly overestimated by all the older authorities and many writers of the present day.

Symptoms of Glaucoma.

In an article on the subject of Glaucoma, in the *St. Louis Med. and Surg. Jour.*, September, 1883, Dr. F. B. Tiffany thus summarizes them:

1. Increased tension of the globe.
2. Rapid increase of any preëxisting presbyopia.
3. Venous hyperæmia.
4. Dilatation and sluggishness of the pupil.
5. Cloudiness of the aqueous and vitreous bodies.
6. Periodic dimness of sight.
7. Appearance of a halo of prismatic colors about a light.
8. Contraction of the field of vision.
9. Ciliary neuralgia.
10. Anæsthesia of the cornea.
11. Scotomata.
12. Arterial pulsation at the fundus of the eye and cupped disk.

Chill After Intra-uterine Injections.

M. Emilio Fasola in the *Anali di Ost. Gin. et Ped.*, for May, arrives at the following conclusions from numerous observations:

1. Intra-uterine injections in puerperal septic endometritis, with fetid lochia, are frequently followed by chills.

2. The chill is less intense when the lochia are not fetid and the treatment has been continued for some time.

3. The chill appears generally after the first injections, oftenest in the evening.

4. It is followed by an elevation of temperature of short duration, which was followed by a notable fall; sometimes in rare cases the temperature falls to the normal standard after the injection.

5. No accident of importance occurred after the chill.

A Peculiar Fracture of the Lower Jaw.

A man falling from a height of fifteen feet was caught under the lower jaw by a beam. The only appreciable injury was a gaping cut which was closed with wire sutures by Dr. Thomas M. Watt, who reports the case in the *Brit. Med. Jour.*, September 15, 1883. Two weeks subsequently, when at tea, he heard a sudden snap in his jaw, and felt as if he had been suddenly struck a hard blow. A fracture was now evident. Dr. W. supposes that the bone was fractured at the time of the original accident, but the fragments were held together by its integuments and soft parts. Suddenly, under no special strain, the connections snapped and the fracture became apparent. No special treatment was adopted, save the abstention from *chewing*, and a cure is supposed to have resulted, as the man did not turn up again.

Disappearance of Erysipelas after Hypodermic Injection of Morphia.

The London *Med. Record*, June 15, 1883, says: In the *Medycyna*, 1882, No. 77, Dr. M. Brunner reports the case of a hysterical woman, suffering from profuse flooding, in whom he injected hypodermically, above the pubes, an ordinary dose of ergotin. The injection was followed by severe pains, induration, and erysipelas, which, starting from the spot of puncture, rapidly spread upwards to the right hypochondrium and downwards to the knees. To relieve the pains and to prevent a threatening hystero-epileptic attack, the author injected under the skin three-fourths of a grain of morphia. He not only obtained the results desired, but, to his astonishment, cured also the erysipelas, which completely disappeared within two hours after the injection.

Peptonized Milk in Acute Dyspepsia.

Dr. John W. Brannan, of Colorado, has had excellent results from its use, which he publishes in the *Boston Med. and Surg. Jour.*, July 19, 1883. He prepares it as follows:

Five grains of extractum pancreatis and twenty grains of bicarbonate of soda are dissolved in four ounces of tepid water. This is added to one pint of fresh milk warmed to the temperature of the body, and the mixture is allowed to digest for about one hour at a temperature of 100° F. The milk, when ready, should have a slightly bitter

taste, or, rather, after-taste. It is now raised to the boiling point, strained, and placed on ice, ready for use.

Arsenical Paralysis.

In the *Polyclinic*, August 15, 1883, Dr. Chas. K. Mills reports that H. G., one of the victims of the wholesale arsenical poisoning at Norristown, Pa., November 2, 1882, and the case which formed the basis of his paper on "Arsenical Paralysis," read before the College of Physicians of Philadelphia, Feb. 1, 1883 (see REPORTER, Vol. xlviii., p. 206), is slowly but steadily progressing to recovery. The case is important, as paralysis of the lower limbs was complete, and marked sensory and trophic phenomena, indicating diffused myelitis, were present. All movements of the lower limbs, except those of dorsal flexion and abduction of the feet, can now be performed; and the patient is beginning to move around on crutches.

A Formula for Irregular Heart Action.

In the *Boston Med. and Surg. Jour.*, Dr. Bowditch highly praises the following:

℞. Pulv. digitalis, gr. x.
Pulv. colchici sem., gr. xx.
Sodii bicarbonatis, gr. xxx.
M. et div. in pil. No. 20.

These are to be taken three or four times daily at first; subsequently to be reduced until only one is taken at bedtime; the treatment to be continued for three to nine months.

He has used it for twenty-five years, and has found it to relieve even the most serious cardiac affections.

A Remarkable Case of Extra-Uterine Gestation.

The *Lancet* tells us that on September 11, *L'Union Médicale* contained an interesting account of an extraordinary case, in which a fœtus at full term had sojourned fifty-six years in the neighborhood of the mother's womb without having undergone any change whatever, and without having caused any distress to the mother, beyond that resulting from its size and weight. The mother died at the age of eighty-four, and the perfect infant was discovered in a cyst whose wall was petrified, about the right Fallopian tube.

Iodine in Malaria.

Apropos of the question recently raised as to the control of iodine over malarial fevers, Dr. Frank Finney writes to the *Med. News*, September 22, 1883, that he has treated thirteen cases with the following: tincture of iodine one ounce, glycerite of carbolic acid one drachm; dose, fifteen to twenty drops four times a day. Only four cases recovered under this treatment, while in nine quinine had to be resorted to.

The Salts of Gold in Syphilis.

M. Martineau, in a communication to the *Société de Thérapeutique*, has prescribed the following in doses from one to three teaspoonfuls daily:

℞. Chloride of gold and chloride of sodium . . . . āā 1 gramme.
Water . . . . . 1,000 grammes.

Under its influence, old-standing syphilitic ulcers, incurable by ordinary means, have taken on a healthy action and healed.

Early Tapping in Cases of Ascites.

Dr. Austin Flint, of New York, recommends it (*Brit. Med. Jour.*, September 22, 1883,) because by tapping the removal of the dropsy is effected with certainty within a few hours or even minutes; the operation is harmless and gives very little pain, and in view of the advantages of tapping, why waste time in an endeavor to effect the object by drugs?

Tubercle-Bacilli.

As the results of some valuable experiments on the subject, M. Vidal (*Brit Med. Jour.*, August 18, 1883) concludes that the bacilli are easily detected in pathological specimens in an advanced stage of decomposition. They are also as easily detected in specimens that have been preserved a long time in absolute alcohol, or in Müller's fluid, as in those which have been submitted but for a short time to the action of these reagents.

The Danger of Operating for Hydropneumothorax in Phthisical Patients.

Herr Bülau (*Deutsch. Med. Woch.*) discusses the danger of operating in this condition. He considers that the pressure of the fluid in the pleural cavity prevents the advance of tuberculous processes in the lungs, and that they go on increasing rapidly when the pressure is suddenly removed.

A New Method of Diagnosing Cancer.

Dr. W. Rommelaire finds that in persons subject to cancer the amount of urea eliminated daily, progressively diminishes until it is below 180 grains. In the *Jour. de Med.*, of Brussels, he says: "By studying the urea eliminated in cases, for example, where doubt exists between gastric ulcer and cancer, a diagnosis can be made."

CORRESPONDENCE.

Treatment of Chordee by Sulphate of Quinine.

EDS. MED. AND SURG. REPORTER:—

Few of the complications of gonorrhœa are more painful or difficult to relieve than chordee. It complicates, to a greater or less degree of severity, almost every case; and is excruciating when it occurs in its severe form. The whole list of sedatives are used in vain to relieve it; and with but a varying control, it is often left to wear itself out. It either prevents sleep, or suddenly interrupts it after it has begun; and probably, more than any other complication, makes the victim regret the lewd act that caused him to get gonorrhœa. I regard the complication as entirely neurotical, for its presence is not marked by any change in the structure of the penis, but simply by an agonizing feeling of pain.

Mr. L—— suffered with gonorrhœa for the third time, and at the usual period of the disease, chordee came on so violently that it kept him awake almost all night, and about the same hour each night it would begin, and amount, as he expressed it, to torture. I gave him the full advantage of the routine treatment during the day, and at bedtime, of chloral, bromide of potassium, camphor, and opium, with but a slight impression on his returning chordee; and observing that it occurred about the same hour every night, I determined to try the anti-periodic effect of quinine in his case; and on the morning of the fourth night of his chordee, I prescribed:

℞.	Sulph. quinine,	grs. xv.
	Syrup,	q. s.

M. S. In xij. pills divide. Take three pills every three hours during the day up to bedtime, and repeat them each day, commencing immediately after breakfast.

The next morning he reported a somewhat better night, and after the third night his chordee disappeared, and he did not have a return of it during the progress of the cure of his gonorrhœa. As he needed a tonic, in conjunction with his gonorrhœal treatment, he was directed to take three of the pills three times a day for ten days, with a very good effect. J. B. JOHNSON, M. D.

Washington City, D. C.

Removal of Tape Worm.

EDS. MED. AND SURG. REPORTER:—

In answer to Dr. G. W. Johnson, of Savannah, Ill., I would say, that when I have succeeded in obtaining a good article of koosso, one not damaged in the curing or in the importation, I have had no difficulty in expelling tape-worm. I have had several cases within the last thirty-six years, and have not failed in any instance after I had secured a *good, well-preserved* article of brayera. My mode of procedure was to give a purgative of castor oil, direct the patient to fast for about twenty hours, and then take one ounce of the herb well boiled in 1½ pints of skimmed milk in two equal doses, two hours apart, and this brought the worm away every time. One vigorous fellow, which had withstood the assaults of two or three most excellent physicians at intervals for several years, as stated by the patient, and also my *first* attempt with a *damaged* drug, yielded gracefully his twenty-seven feet, head and body intact, and life not quite extinct when expelled, and within three hours after the last portion of a genuine specimen of koosso was taken.

What I wish to show is that I fear most of the specimens of brayera we receive have lost a portion of their anthelmintic properties ere we obtain them, or are adulterated with some cheaper substance. J. MARTIN, M. D.

Bart, Pa., October 2, 1883.

A Pleasant Quinine Mixture.

EDS. MED. AND SURG. REPORTER:—

I have been a constant reader of your valuable journal for the past five years, and have gained many practical points from the perusal of its pages, therefore I would crave a small space in its columns for the purpose of giving to its many readers a formula for the making of a most pleasant mixture of quinia or cinchonidia. Especially is this serviceable in prescribing for small children, who dislike to take nasty medicine. Those who have never tried the combination will be pleased with the readiness with which the little fellows will take the mixture. I have used it in my practice for the past five years, with great satisfaction to myself and to my little patients. The following is my prescription, for a child three to five years old:

℞.	Quinia sul.,		gr. xij.
	Acid, tannic,		gr. vj.
	Soda bicarbonate,		gr. x.
Mix.			
	Syr. simplis, q. s.	ad.	℥ ij.
	Oil gaultheria,		gtts. iij.

M. Sig.—Teaspoonful every four hours, followed by a draught of water. Shake well before giving.

To this may be added when desired bismuth sub. carb., ipecac, opium, podophyllin, leptendrin, etc., anything that does not contain alcohol, which would immediately restore the bitter taste. The formula for any strength mixture is, one-half the number of grains of quinia or cinchonidia in tannic acid, and three-fourths as many of soda bicarb.

As the season is now at hand when quinia is much prescribed, in the West especially, this may be of service to some brother in the work.

Gridley, Ills. J. A. TAYLOR, M. D.

NEWS AND MISCELLANY.

Report of the Adjunct Montgomery County (Pa.) Medical Society.

Reported by DR. J. B. CARRELL, Hatboro, Pa.

The meeting was held at the office of the president, Dr. Jno. Pason, in Jenkintown. The president occupied the chair.

After the usual business of the society was transacted, Dr. Carrell reported a case of puerperal convulsions that Dr. Bellows, of Huntingdon Valley, and himself had had in charge. Mrs. A. B., primipara, was delivered of a fine boy at 11:30 a. m. The case was a foot presentation,

but was delivered by Dr. B. without any serious difficulty. As Dr. B. was proceeding to deliver the placenta, she was seized with a severe convulsion. The placenta, which he found adherent, was removed while under the influence of the convulsion. He administered morphia and bromide of potassium, and stayed with the patient until 3 p. m, and she apparently doing well, went to his home. At 3:30 p. m., the patient had another seizure. Between this time and 8 p. m. when Drs. Bellows and Carrell saw the case, she had had six or eight attacks. She was at once etherized, and a hypodermic of morph. sulph., gr. $\frac{1}{8}$, also chloral gr. xx., and potass. brom. gr. xl., given by the rectum. There appeared to be little or no congestive tendency in the case, and therefore bleeding was not resorted to. The attacks were undoubtedly produced through nervous irritation. At 11 p. m. she had another attack, and the same treatment as was given in the previous attack was repeated. After this she slept till morning, and from then the case progressed favorably. Dr. Chandler, of Philadelphia, saw the case about an hour after the last attack, and endorsed both diagnosis and treatment. Ether in these cases, on account of its prompt action, should be given. In congestive cases, prompt and effective bleeding. Morphia hypodermically and chloral and bromide of potassium per rectum is the surest therapeutical road for the obstetrician to travel, if he is so unfortunate as to meet puerperal convulsions. I have abridged the description of the case all possible, so as not to destroy the sense.

Dr. Coltman, jr., of the Fox-Chase, reported the following case: In the early part of June last I gave a lady patient, Mrs. A. E., a pint of pumpkin seed emulsion, with the object of removing a tape-worm. It was unsuccessful, but she showed me the following morning a very queer-looking specimen of animal life passed with the fæces, of whose name and nature I was entirely ignorant. It was a rather flat, amber-colored creature, about three lines in length and one line in breadth, and exceedingly lively. On the following morning, a second one was passed, precisely like the first, but none thereafter. None of the neighboring physicians knew the specimen, so I gave it to Mr. Jno. W. Redpath, for microscopical examination. I afterwards removed the tape-worm thirty feet long by a half fluiddrachm of oleo-resin of male fern, preceded by a purge. Mr. R. not being successful in finding a name for the stranger, submitted it for examination to several of Philadelphia's best microscopists; they were unable to place it. Prof. Leidy, of the University, says it is the larva of the flour-fly. At an early date, Mr. Redpath, who has now thoroughly studied the subject, will write up the case and send it to you for publication.

The Naval Museum of Hygiene.

This institution, destined to become one of the most useful of the attractions of Washington City, is thus described by a correspondent of the *Maryland Medical Journal*, August 18, 1883:

Next to the Library and Museum, the Naval Museum of Hygiene is perhaps most deserving of mention. This was instituted by Surgeon-General Wales, of the navy, in August, 1882, and has rapidly developed into respectable proportions. Originally located in a small building opposite its present site, it soon became necessary to seek larger quarters, and now a second removal is demanded, and the Naval Hospital Building will probably be selected. The institution embraces two departments—a museum and a library. The latter now contains about 5,000 volumes, almost exclusively works upon hygiene, and about 120 current medical periodicals. In the museum department are numerous specimens of apparatus illustrating sanitary science in many of its most approved modern developments. Here may be seen various sorts of water-closet basins, urinals, etc., and the modes of flushing them in vogue; in one of these, which theoretically would seem to meet all the requirements of such apparatus, the flushing is effected automatically at intervals of about two minutes. Then there are specimens of the clothing worn in the services, of the food rations, of glazed bricks, tiles, glass, etc., for walls of hospitals and dwellings, of stoves and heating apparatus, etc. A model of the casket in which the bodies of the frozen *Jeannette* crew are to be brought home is on exhibition; also a small crematory, modeled upon Siemens' furnace, intended to illustrate upon the bodies of dead rats and cats the process of combustion as applied to the disposal of the human body after death. Specimens are also shown of lead, tin, and other metals, corroded by the action of simple water, or earth, or gnawed through by rats.

Congress appropriated $7,000 for the maintenance of this institute during the current year. This could hardly be expected to suffice should the undertaking develop according to anticipation; but the naval service offers peculiar advantages for carrying it on at a minimum expense, because the officers are constantly cruising to all parts of the world, and can collect specimens and carry them home on board their ships without extra cost. There is no question that the work is a great one, and offers a golden opportunity to the navy, which if utilized with intelligence, judgment and energy, cannot fail to advance not only its own interest, but those of the profession and public as well.

Breakfast Beverages.

The following practical remarks we take from the *Brit. Med. Jour.*:

Each of our commoner breakfast beverages, namely, tea, coffee, and cocoa, presents sundry relative advantages and disadvantages, which have been well established by scientific experiments and general experience, and which are qualities that sometimes assume a special importance in certain conditions of health, habit, occupation, climate, and disease. Warm infusion of tea has been proved to have a marked stimulant and restorative action upon the brain and nervous system, and this effect is not followed by any secondary depression. It further increases the action of the skin, and raises the number of the pulse, while it has but little effect upon urination, excepting simply as a watery diuretic. It tends to lessen the action of the bowels. Dr. Parkes found that tea is most useful as an article

of diet for soldiers. The hot infusion is a potent protective against extremes both of heat and of cold; and Sir Ranald Martin proved it to be particularly valuable in great fatigue, especially in hot climates. Coffee, like tea, when used as an article of diet, especially affects the nervous system. It is a brain- and nerve-stimulant; in very large doses it produces tremors. It increases the action of the skin, and it appears to have a special power in augmenting the urinary water. It increases both the force and frequency of the pulse. Unlike tea, it tends to increase the action of the bowels. Coffee has been proved to be an important article in a soldier's dietary, as a stimulant and restorative. Like tea, it acts as a nerve-excitant, without producing subsequent depression. It is serviceable against excessive variations of cold and heat, and its efficacy in these respects has been established in antarctic expeditions, as well as in India and other hot climates. Dr. Parkes pointed out that coffee has a special recommendation in its protective influence against malaria. While admitting that the evidence on this point was not strong, he held it to be sufficient to authorize the large use of coffee in malarious districts. Coffee should be used as an infusion. If coffee be boiled, its delicate aroma is dissipated. The theobromin of cocoa is, chemically, identical with the thein of tea, and the caffein of coffee. While tea and coffee are comparatively valueless as true foods, cocoa, by reason of the large quantity of fatty and albuminoid substances it contains, is very nourishing, and is of high dietetic value as a tissue-forming food. Compared with tea and coffee, it is a food rather than a stimulant, being akin to milk in its composition and place in the diet-scale. It is useful to sustain the weakly and to support the strong in great exertion, as a readily assimilable and general form of nourishment.

The American Academy of Medicine.

At the eighth annual meeting, held in New York, October 9th and 10th, 1883, the following papers were read:

"A Sketch of the late Dr. George M. Beard," by Dr. A. D. Rockwell; "The Imperfection of Technical Studies as a Means of Mental Culture," by Dr. Traill Green, of Easton, Pa.; "Is it Fair? a Study of the Comparative Political Position of the Medical Profession in the United States," by Dr. Charles McIntire, Jr., of Easton, Pa.; "The Value of an Acquaintance with Botany as a Preliminary to the Study of Medicine," by Dr. Benjamin Lee, of Philadelphia; "The Higher Plane in Medicine," by Dr. A. L. Gihon, U. S. N.; "Presidential Address," by Dr. H. O. Marcy; "The Relations of Medical Journalism to Higher Medical Education in America," by Dr. L. S. Pitcher, of Brooklyn; "The Milk Supply in Large Cities," by Dr. J. Cheston Morris, of Philadelphia; "The Exact Value of the Electrolytic Method," by Dr. A. D. Rockwell; "The Importance of Cleanliness in Surgical Operations," by Dr. R. S. Sutton, of Pittsburgh; "A Few Words Concerning Vaccination," by Dr. Bush.

OFFICERS FOR ENSUING YEAR:

President—Dr. Benjamin Lee, of Philadelphia.

Vice-Presidents—Dr. Nathan Allen, of Massachusetts; Dr. A. L. Gihon, U. S. N.; Dr. George F. Shrady, New York; Dr. Edward J. Bermingham, New York.

Secretary and Treasurer—Dr. Richard J. Dunglison, of Philadelphia.

Assistant Secretary—Dr. Charles McIntire, Jr., of Easton, Pa.

Place of next meeting—Baltimore.

American Pharmacy at the Vienna Exhibition.

The International Exhibition of Pharmaceutical Products, which was opened this summer in Vienna, has now closed after a fairly successful season. The space allotted to the exhibits was fully occupied, and, in fact, was unequal to the demands. The inconvenience of shipment to such a distant inland city as Vienna naturally acted as a bar to any extensive representation of English and American pharmacy. The only American firm of whom we have heard as presenting a notable display is that of Messrs. Parke, Davis & Co., of Detroit. They exhibited a full line of their numerous products, and with such good effect that they carried off a gold medal and a diploma from the jury of award. They also received highly complimentary notices from the German pharmaceutical journals and professional correspondents.

The value of such competitive exhibitions to the advance of the pharmaceutical art is as positive as in any other branch of manufacture, and American pharmacy, which is really second to none in the world, should always see to having itself well represented.

Opium Smoking.

The *Lancet*, July 21, 1883, says:

The *Chelmsford Chronicle* of July 13 contains an article in which is recorded the personal experience of a gentleman who, whilst staying at Hong Kong, indulged in a single bout of opium smoking. In preparation for the experiment, Mr. Marlay, aged twenty-seven years, fasted for thirty-six hours. Twenty-seven pipes of opium were smoked in the space of two hours and three-quarters. The feeling of hunger disappeared with the third pipe. Slowness of thought, giddiness, and confusion of mind, slowly leading on to complete extinction of consciousness, were the chief symptoms recorded. It is said that Mr. Marlay experienced no kind of hallucination, fancy, or dream, and that the activity of thought was rather diminished than quickened. His dominant feeling was that he wanted nothing—absolutely nothing. There is something widely different between an acute attack of opium smoking such as we have referred to and the habitual use of the degrading drug, more particularly as it was the first and last performance. We ought to draw no conclusions from such an individual experience.

New York Hospital.

Dr. Bulkley will give a seventh course of lectures on "Diseases of the Skin" in the Pathological Amphitheatre of the New York Hospital, 7 West Fifteenth street, Wednesday afternoons at 2.30 o'clock, commencing Wednesday, October 17,

1883. The course will consist of twenty lectures and will be free to practitioners of medicine and medical students.

Malaria in Italy.

According to a statistical return issued by the Italian Minister of War, more than 40,000 soldiers annually fall victims to malaria in Italy, whilst the cost to the State of maintaining hospitals for patients suffering from this scourge is reckoned at over $1,750,000. Malarial disease is stated to have increased both in extent and virulence since the construction of railways was commenced.

The Social Purity Alliance.

From the *Student's Journal* we learn that in connection with University College there exists an association with the above title, the members of which pledge themselves, if unmarried, to abstain from the gratification of the animal passions.

Items.

—Dr. C. Pollock has removed from Muncie, Ind., to Dayton, Ohio.

—Huchard entirely relieved an hysterical contracture of the forearm by the application of an elastic bandage.

—Mr. Marwood, the London hangman, being asked by a neighbor what was a good remedy for a troublesome cough, is reported to have replied that his "Marwood's Drops" had never yet been known to fail.

—Boric acid is hard to powder, but the work may be facilitated (says the *Pharmaceutische Post*) by first warming the mortar by burning some alcohol in it, then putting in the acid, and adding a very little glycerine.

—Professor, to class in surgery: "The right leg of the patient, as you see, is shorter than the left, in consequence of which he limps. Now, what would you do in a case of this kind?" Bright student: "Limp, too."

—"What's the matter with the baby?" "Shure, it's very *costly*, it is, and my mistress wants something to cure its *costliness*." The doctor does not see how he can treat the disease without making the baby more costly still.

—One of England's popular consultants, not distinguished for his modesty, was relating how he had been called in one week to cases in the Isle of Wight and the North of Scotland. "I have heard," said a jealous *confrère*, "that your patients are generally at the last extremities."

—The *Chemist and Druggist*, June 15, 1883, says: "An excellent authority in medicine recommends a little common sugar as a remedy for a dry, hacking cough, and gives scientific reasons for it. If troubled at night or on first waking in the morning, have a little cup on a stand close by the bed, and take half a teaspoonful; this will be of benefit when cough syrups fail."

—An Aberdeen man was telling his symptoms —which appeared to himself, of course, dreadful —to a Scotch medical friend, who, at each new item of the disorder, exclaimed, "Charmiug! Delightful! Pray, go on!" And when he had finished the doctor said, with the utmost pleasure, "Do you know, my dear sir, you have got a complaint which has been for some time supposed to be extinct. I am so glad."

—"Doctor," said a fashionable young lady to a disciple of Hahnemann, "I believe in your skill, but I am afraid to take these medicines with their terrible names; can't you give me something milder?" The doctor considered a moment, and then, inspired by a flash of genius worthy of the master, answered: "Buy a cow." "A cow! what for?" "I will drug the cow and you shall drink her milk." This was done; in six weeks the lady was cured—but the cow was dead.

OBITUARY NOTICES.

SURGEON-GENERAL CRANE.

Brigadier-General Charles H. Crane, Surgeon-General United States Army, died suddenly October 10, at his residence, No. 117 F street, Washington, of hemorrhage of the throat. He had been confined to his house for several weeks, but was not regarded as in any immediate danger. He succeeded General Barnes upon the retirement of that officer, July 3, 1882, was a native of Rhode Island, and was born in 1826. He was very prominent among the medical officers at the death-bed of President Lincoln. Secretary Lincoln, General Sherman, Admiral Rodgers, Robert C. Schenck, Generals Macfeely, Rochester, Rucker, Drum, Baird, Benet, Hunter, Holabird, Wright, and Perry, Commodore Fillebrown, Dr. J. M. Brown, U. S. N., Mr. Ross Ray, and Mr. Charles Knapp, were the pall-bearers at his funeral.

MARRIAGES.

GILL—WHITEHORN.—At the residence of the bride's mother, West New Brighton, S. I., on Monday, October 1, 1883, Henry S. Gill, M. D., and Edith, daughter of Mrs. Emma Whitehorn.

MARTIN—HARDING.—In All Saints' P. E. Church, Paradise, Pa., by the Rev. James McA. Harding, E. M. Martin, M. D., and Margaretta McA., eldest daughter of the officiating clergyman.

PEACOCK—GROFF.—At the residence of the bride, in Camden, N. J., October 3, 1883, by the Rev. W. W. Moffett, Robert Howard Peacock, M. D., of Berlin, N. J., and Miss Georgeanna Groff, of Camden.

WEBSTER—M'CREADY.—At the residence of Mr. William M'Cready, in Schuylerville, N. Y., September 26, 1883, by the Rev. J. M. Webster, William Butler Webster, M. D., and Miss Ella M'Cready, all of Schuylerville, N. Y.

DEATHS.

GALE.—October 5, 1883, Le Roy Gale, M. D., son of William Gale, of New Haven, formerly of New York.

HENDERSON.—At Hermosillo, Mexico, September 23, 1883, of yellow fever, Dr. William Church Henderson, only son of the late William J. Henderson, M. D.

HERITAGE.—On October 1, 1883, Paul S. Heritage, M. D., aged thirty-one years.

JONES.—At Brooklyn, N. Y., October 1, 1883, suddenly, Philip Livingston Jones, M. D., in the seventy-first year of his age.

SHELLY.—On the 13th instant, A. F. Shelly, M. D., in the sixty-first year of his age.

RIVES.—At Hillsboro, O., September 26, 1883, Edward Rives, M. D., in the fifty-first year of his age.